

# HODGKIN AND NON-HODGKIN LYMPHOMA 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		<input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
	<b>PRIMARY TUMOR (T)</b> No T category exists for Hodgkin and Non-Hodgkin Lymphoma	
	<b>REGIONAL LYMPH NODES (N)</b> No N category exists for Hodgkin and Non-Hodgkin Lymphoma	
	<b>DISTANT METASTASIS (M)</b> No M category exists for Hodgkin and Non-Hodgkin Lymphoma	

## ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL	PATHOLOGIC
<p><b>GROUP</b></p> <p><input type="checkbox"/> I Involvement of a single lymphatic site (i.e. nodal region, Waldeyer's ring, thymus or spleen) (I); or localized involvement of a single extralymphatic organ or site in the absence of any lymph node involvement (IE) (rare in Hodgkin lymphoma).</p> <p><input type="checkbox"/> II Involvement of two or more lymph node regions on the same side of the diaphragm (II); or localized involvement of a single extralymphatic organ or site in association with regional lymph node involvement with or without involvement of other lymph node regions on the same side of the diaphragm (IIE). The number of regions involved may be indicated by a subscript, as in, for example, II<sub>3</sub>.</p> <p><input type="checkbox"/> III Involvement of lymph node regions on both sides of the diaphragm (III), which also may be accompanied by extralymphatic extension in association with adjacent lymph node involvement (IIIE) or by involvement of the spleen (IIIS) or both (IIIE,S). Splenic involvement is designated by the letter S.</p> <p><input type="checkbox"/> IV Diffuse or disseminated involvement of one or more extralymphatic organs, with or without associated lymph node involvement; or isolated extralymphatic organ involvement in the absence of adjacent regional lymph node involvement, but in conjunction with disease in distant site(s). Stage IV includes any involvement of the liver or bone marrow, lungs (other than by direct extension from another site), or cerebrospinal fluid.</p> <p>Modifiers for Group:</p> <p><input type="checkbox"/> E Extranodal</p> <p><input type="checkbox"/> S Spleen</p> <p>A &amp; B Classification (Symptoms)</p> <p><input type="checkbox"/> A Asymptomatic</p> <p><input type="checkbox"/> B Symptoms: fevers, night sweats, weight loss</p> <p><input type="checkbox"/> Stage unknown</p>	<p><b>GROUP</b></p> <p><input type="checkbox"/> I Involvement of a single lymphatic site (i.e. nodal region, Waldeyer's ring, thymus or spleen) (I); or localized involvement of a single extralymphatic organ or site in the absence of any lymph node involvement (IE) (rare in Hodgkin lymphoma).</p> <p><input type="checkbox"/> II Involvement of two or more lymph node regions on the same side of the diaphragm (II); or localized involvement of a single extralymphatic organ or site in association with regional lymph node involvement with or without involvement of other lymph node regions on the same side of the diaphragm (IIE). The number of regions involved may be indicated by a subscript, as in, for example, II<sub>3</sub>.</p> <p><input type="checkbox"/> III Involvement of lymph node regions on both sides of the diaphragm (III), which also may be accompanied by extralymphatic extension in association with adjacent lymph node involvement (IIIE) or by involvement of the spleen (IIIS) or both (IIIE,S). Splenic involvement is designated by the letter S.</p> <p><input type="checkbox"/> IV Diffuse or disseminated involvement of one or more extralymphatic organs, with or without associated lymph node involvement; or isolated extralymphatic organ involvement in the absence of adjacent regional lymph node involvement, but in conjunction with disease in distant site(s). Stage IV includes any involvement of the liver or bone marrow, lungs (other than by direct extension from another site), or cerebrospinal fluid.</p> <p>Modifiers for Group:</p> <p><input type="checkbox"/> E Extranodal</p> <p><input type="checkbox"/> S Spleen</p> <p>A &amp; B Classification (Symptoms)</p> <p><input type="checkbox"/> A Asymptomatic</p> <p><input type="checkbox"/> B Symptoms: fevers, night sweats, weight loss</p> <p><input type="checkbox"/> Stage unknown</p>

<p><b>HOSPITAL NAME/ADDRESS</b></p>	<p><b>PATIENT NAME/INFORMATION</b></p>
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## PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**REQUIRED FOR STAGING:** None

**CLINICALLY SIGNIFICANT:**

- Associated with HIV/AIDS \_\_\_\_\_
- Symptoms at diagnosis (B symptoms) \_\_\_\_\_
- International Prognostic Index (IPI) score \_\_\_\_\_
- Follicular Lymphoma Prognostic Index (FLIPI) score \_\_\_\_\_
- International Prognostic Score (IPS) \_\_\_\_\_

**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.

**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

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

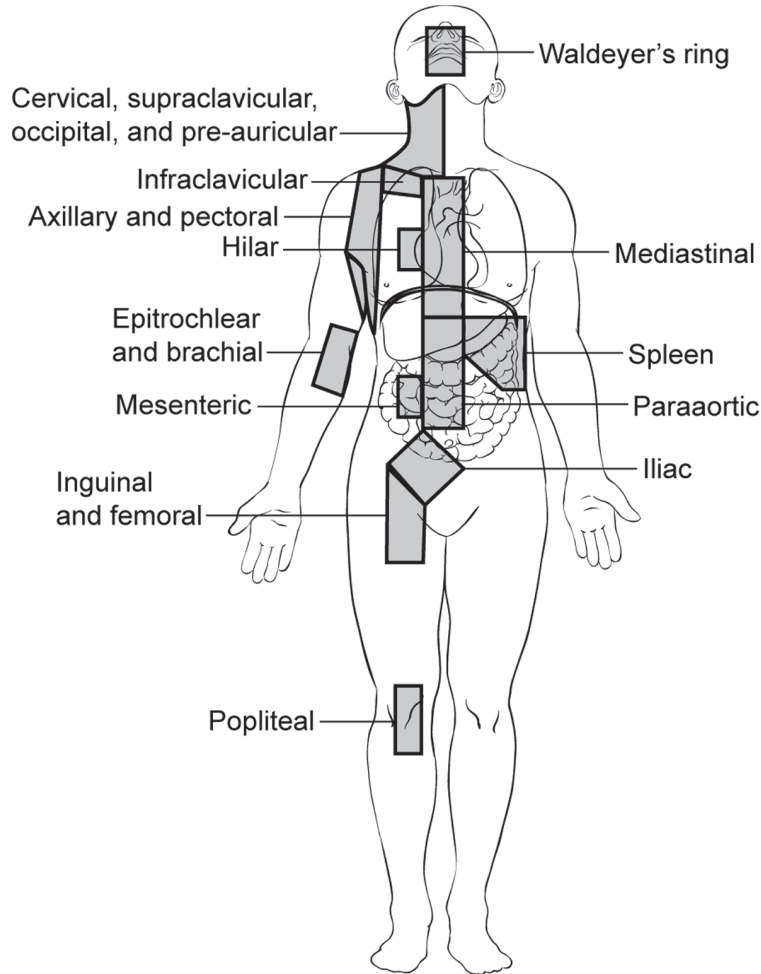
PATIENT NAME/INFORMATION

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# HODGKIN AND NON-HODGKIN LYMPHOMA STAGING FORM

**Illustration**

Indicate on diagram primary tumor and regional nodes involved.



**Lymph nodes above the diaphragm**

1. Waldeyer's ring
2. Cervical, supraclavicular, occipital, and pre-auricular
3. Infraclavicular
4. Axillary and pectoral
5. Mediastinal
6. Hilar
7. Epitrochlear and brachial

**Lymph nodes below the diaphragm**

8. Spleen
9. Mesenteric
10. Paraaortic
11. Iliac
12. Inguinal and femoral
13. Popliteal

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