CLINICAL Extent of disease before any treatment		STAGE CATEGORY DEFINITIONS			PATHOLOGIC Extent of disease through completion of definitive surgery		
	aging completed Ivant therapy but quent surgery			 y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery 			
TNM CATEGORY	FIGO STAGE	Primary Tumor (T)		TNM CATEG			
TX T0 T1 Tis T1 T1a T1b T1c T2 T2a T2a T2b T2c T2c T3 T3a T3a T3a	* I IA IB IIC III IIIA IIIB	Primary tumor cannot be assessed No evidence of primary tumor Carcinoma in situ (limited to tubal mucosa) Tumor limited to the fallopian tube(s) Tumor limited to one tube, without penetrating the serosal surface; no ascites Tumor limited to both tubes, without penetrating the serosal surface; no ascites Tumor limited to one or both tubes with extension onto or through the tubal serosa, or with malignant cells in ascites or peritoneal washings Tumor involves one or both fallopian tubes with pelvic extension Extension and/or metastasis to the uterus and/or ovaries Extension to other pelvic structures Pelvic extension with malignant cells in ascites or peritoneal washings Tumor involves one or both fallopian tubes, with peritoneal implants outside the pelvis Microscopic peritoneal metastasis outside the pelvis Macroscopic peritoneal metastasis outside the pelvis 2 cm or less in greatest dimension Peritoneal metastasis outside the pelvis and more than 2 cm in diameter			X		
		* FIGO no longer includes Stage 0 (Tis)					
		Note: Liver capsule metastasis is T3/Stage III; liver parenchymal metastasis M1/Stage IV. Pleural effusion must have positive cytology for M1/Stage IV.					
TNM CATEGORY	FIGO STAGE	REGIONAL LYMPH NODES (N)		TNM CATEG			
□ NX □ N0 □ N1	IIIC	Regional lymph nodes cannot be assessed No regional lymph node metastasis Regional lymph node metastasis		□ N □ N	0		
TNM CATEGORY	FIGO STAGE	DISTANT META	STASIS (M)	TNM CATEG			
□ M0 □ M1	IV	No distant metastasis (no pathologic M0; use clinical M to complete stage group) Distant metastasis (excludes metastasis within the peritoneal cavity)			1 IV		

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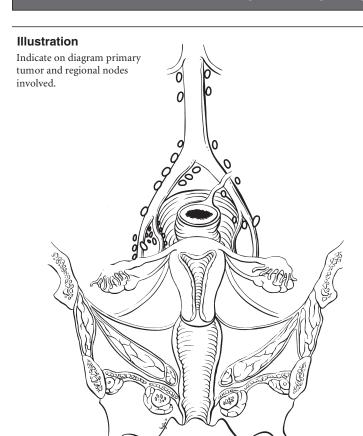
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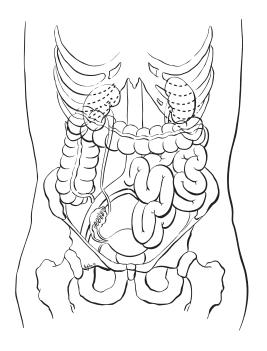
Anatomic Stage • Prognostic Groups											
		CLINIC	AL					PATH	OLOGIC		
GROUP	T	N	M		GI	ROUP	T	N	М		
□ 0*	Tis	N0	MO			0*	Tis	N0	MO		
	T1	NO NO	M0				T1	NO NO	M0		
□ IA □ IB	T1a T1b	N0 N0	M0 M0			IA IB	T1a T1b	N0 N0	M0 M0		
	T1c	NO	M0			IC	T1c	N0	MO		
	T2	N0	MO			II	T2	N0	MO		
☐ IIA	T2a	N0	M0			IIA	T2a	N0	MO		
☐ IIB	T2b	N0	M0			IIB	T2b	N0	MO		
☐ IIC	T2c	N0	MO			IIC	T2c	N0	MO		
	T3	N0	M0				T3	NO NO	MO		
☐ IIIA ☐ IIIB	T3a T3b	N0 N0	M0 M0			IIIA IIIB	T3a T3b	N0 N0	M0 M0		
	T3c	NO NO	M0			IIIC	T3c	NO	M0		
- 1110	Any T	N1	M0		-	1110	Any T	N1	MO		
□ IV	Any T	Any N	M1			IV	Any T	Any			
*FIGO no lo	nger include	s Stage 0 (Tis)		*FI	GO no lo	nger includes	Stage	0 (Tis)		
☐ Stage ur	nknown					Stage u	nknown				
		PROGNOST	IC FACTORS (SIT	F-SPECIFIC FA	CTOR	S)			General Notes:		
REQUIRED	FOR STAG		ici Aciona (an	L-SF LOII IO I A	o i Oii	٥)			For identification of special cases of		
CLINICALL									TNM or pTNM classifications, the "m"		
FIGO Sta									suffix and "y," "r," and "a" prefixes are		
			(fimbria isthmus	unknown)					used. Although they do not affect the stage grouping, they indicate cases		
Tumor location : (fimbria, isthmus, unknown) Pelvic and paraaortic nodal status: Pelvic Paraaortic					needing separate analysis.						
					m suffix indicates the presence of						
multiple primary tumors in					multiple primary tumors in a single						
Histologic Grade (G) (also known as overall grade)							site and is recorded in parentheses:				
	ing system		_	Grade					pT(m)NM.		
2 grad	de system		Ц	Grade I or 1					y prefix indicates those cases in which classification is performed		
					during or following initial multimodality						
☐ 4 grade system ☐ Grade III or 3 ☐ therapy. The cTI					therapy. The cTNM or pTNM						
☐ No 2, 3, or 4 grade system is available ☐ Grade IV or 4						category is identified by a "y" prefix.					
							The ycTNM or ypTNM categorizes the extent of tumor actually present at				
ADDITIONAL			Vanaua Invasian	(I/) have been so	mhina	dinto Lu	ımah Vasayla		the time of that examination. The "y"		
	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						categorization is not an estimate of				
should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority				tumor prior to multimodality therapy.							
r prefix				r prefix indicates a recurrent tumor							
				when staged after a disease-free interval, and is identified by the "r"							
 Lymph-Vascular Invasion Not Present (absent)/Not Identified Lymph-Vascular Invasion Present/Identified 				prefix: rTNM.							
	☐ Not Applicable					a prefix designates the stage					
☐ Unknown/Indeterminate					determined at autopsy: aTNM.						
HOSPITAI	NAME/ADD	DRESS			Рдт	IENT NA	AME/INFORM	ΛΑΤΙΩΝ			
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Residual Tumor (R) The absence or presence of residual tumor after treatment. In some cases with neoadjuvant therapy there will be residual tumor at the primary site at incomplete resection or local and regional disease that extends beyond the RX Presence of residual tumor cannot be assessed R0 No residual tumor R1 Microscopic residual tumor R2 Macroscopic residual tumor	fter treatment because of	General Notes (continued): 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
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