THYROID STAGING FORM

CLINICAL Extent of disease before STAGE CATEGORY DEFINITIO any treatment			PATHOLOGIC Extent of disease through completion of definitive surgery		
y clinical- staging completed after neoadjuvant therapy but before subsequent surgery	Tumor Size:	LATERALITY:	y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery		
	PRIMARY TO				
	All categories may be subdivided: (s) solit (the largest determines the classification).	ary tumor and (m) multifocal tumor			
🗆 ТХ	Primary tumor cannot be assessed		🗆 ТХ		
П ТО	No evidence of primary tumor		🗅 ТО		
🗆 T1	Tumor 2 cm or less in greatest dimension	limited to the thyroid	🗅 T1		
🗆 T1a	Tumor 1 cm or less, limited to the thyroid		🗖 T1a		
T1b	Tumor more than 1 cm but not more than the thyroid	-	🗖 T1b		
T 2	Tumor more than 2 cm but not more than the thyroid	-	T2		
П Т3	Tumor more than 4 cm in greatest dimension limited to the thyroid, or any tumor with minimal extrathyroid extension (e.g., extension to sternothyroid muscle or perithyroid soft tissues)				
🗆 T4a	Moderately advanced disease. Tumor of any size extending beyond the thyroid capsule to invade subcutaneous soft tissues, larynx, trachea, esophagus, or recurrent				
□ T4b	laryngeal nerve T4b Very advanced disease. Tumor invades prevertebral fascia or encases carotid artery or mediastinal vessels				
	All anaplastic carcinomas are consider	red T4 tumors			
T4a	Intrathyroidal anaplastic carcinoma		T4a		
T4b	Anaplastic carcinoma with gross extrathyroid extension				
	REGIONAL LYMF Regional lymph nodes are the central com mediastinal lymph nodes.				
□ NX	Regional lymph nodes cannot be assesse	d.			
N0	No regional lymph node metastasis	🗅 NO			
🗆 N1	Regional lymph node metastasis		🗆 N1		
🗆 N1a	Metastasis to Level VI (pretracheal, paratr	acheal, and prelaryngeal/Delphian	🗅 N1a		
	lymph nodes)				
□ N1b	Metastasis to unilateral, bilateral, or contralateral cervical (Levels I, II, III, IV or V) or retropharyngeal or superior mediastinal lymph nodes (Level VII)				
- MO	DISTANT META No distant metastasis (no pathologic M0; us				
	Distant metastasis	o on note in to complete stage group)	□ M1		
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HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION

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THYROID STAGING FORM

ANATOMIC STAGE • PROGNOSTIC GROUPS

ollicular Ircinoma.

Hospital Name/Address	PATIENT NAME/INFORMATION

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THYROID	STAGING	Form
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PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS) REQUIRED FOR STAGING: None CLINICALLY SIGNIFICANT: Solitary or Multifocal tumors in the primary site Histologic Grade (G) (also known as overall grade)			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.	
	2 grade system		Grade I or 1	which classification is performed
	3 grade system		Grade II or 2	during or following initial multimodality therapy. The cTNM or pTNM
	4 grade system		Grade III or 3	category is identified by a "y" prefix.
No 2, 3, or 4 grade system is available Grade IV or 4 the extent of tumor actual the time of that examination categorization is not an extent of tumor actual the time of that examination of the extent of tumor actual the time of the extent of tumor actual the tumor act			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.	
Invasi should is give	on (LVI) for collection by cancer registrars. T d be used as the primary source. Other source on to positive results.	he Coll ces may	 W) have been combined into Lymph-Vascular ege of American Pathologists' (CAP) Checklist / be used in the absence of a Checklist. Priority 	r prefix indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.
	Lymph-Vascular Invasion Not Present (abse Lymph-Vascular Invasion Present/Identified	nt)/Not	Identified	a prefix designates the stage determined at autopsy: aTNM.
	Not Applicable Unknown/Indeterminate			surgical margins is data field
<i>Resic</i> The a	<i>lual Tumor (R)</i> bsence or presence of residual tumor after ti		t. In some cases treated with surgery and/or	recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.
	eoadjuvant therapy there will be residual tun plete resection or local and regional disease		e primary site after treatment because of tends beyond the limit of ability of resection.	neoadjuvant treatment is radiation therapy or systemic therapy (consisting of chemotherapy,
	RX Presence of residual tumor cannot be as	ssessed	l	hormone therapy, or immunotherapy)
	R0 No residual tumor			administered prior to a definitive surgical procedure. If the surgical
	R1 Microscopic residual tumor R2 Macroscopic residual tumor			procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.
	Clinical stage was used in treatment planni	ng (des	scribe) :	
			ng 🔲 NCCN 🛄 Other (describe):	
	lational duidelines were used in treatment	niannu	na = N(C(CN) = C)	

Physician signature

Date/Time

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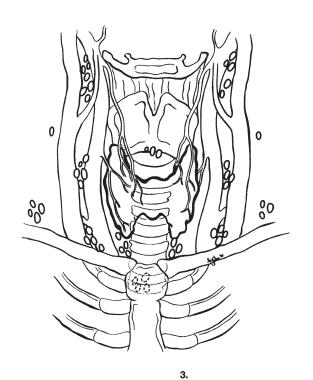
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THYROID STAGING FORM

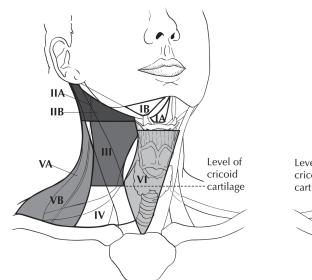
Illustration

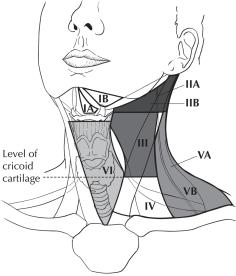
Indicate on diagram primary tumor and regional nodes involved.

1.



2.





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