

## VAGINA STAGING FORM

| CLINICAL<br><i>Extent of disease before any treatment</i>   | STAGE CATEGORY DEFINITIONS |  | PATHOLOGIC<br><i>Extent of disease during and from surgery</i>   |                             |   |  |                             |                            |                                   |  |     |  |  |    |                             |                             |  |  |                             |   |                                |                             |                                   |  |  |  |              |                              |       |                             |    |   |                             |  |                              |                              |   |                          |                             |   |                          |                             |     |  |                             |                            |                                |                             |     |  |    |    |    |                              |       |    |    |                              |    |       |    |                              |       |       |    |
|---|----------------------------|--|--|-----------------------------|---|--|-----------------------------|----------------------------|-----------------------------------|--|-----|--|--|----|-----------------------------|-----------------------------|--|--|-----------------------------|---|--------------------------------|-----------------------------|-----------------------------------|--|--|--|--------------|------------------------------|-------|-----------------------------|----|---|-----------------------------|--|------------------------------|------------------------------|---|--------------------------|-----------------------------|---|--------------------------|-----------------------------|-----|--|-----------------------------|----------------------------|--------------------------------|-----------------------------|-----|--|----|----|----|------------------------------|-------|----|----|------------------------------|----|-------|----|------------------------------|-------|-------|----|
| <input type="checkbox"/> y clinical – staging completed after neoadjuvant therapy but before subsequent surgery   | <b>TUMOR SIZE:</b> _____   | <b>LATERALITY:</b><br><input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> bilateral                                    | <input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery |                             |   |  |                             |                            |                                   |  |     |  |  |    |                             |                             |  |  |                             |   |                                |                             |                                   |  |  |  |              |                              |       |                             |    |   |                             |  |                              |                              |   |                          |                             |   |                          |                             |     |  |                             |                            |                                |                             |     |  |    |    |    |                              |       |    |    |                              |    |       |    |                              |       |       |    |
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| <input type="checkbox"/> T0   |                            | No evidence of primary tumor   |  |                             |   |  |                             |                            |                                   |  |     |  |  |    |                             |                             |  |  |                             |   |                                |                             |                                   |  |  |  |              |                              |       |                             |    |   |                             |  |                              |                              |   |                          |                             |   |                          |                             |     |  |                             |                            |                                |                             |     |  |    |    |    |                              |       |    |    |                              |    |       |    |                              |       |       |    |
| <input type="checkbox"/> Tis  | *                          | Carcinoma <i>in situ</i>   |  |                             |   |  |                             |                            |                                   |  |     |  |  |    |                             |                             |  |  |                             |   |                                |                             |                                   |  |  |  |              |                              |       |                             |    |   |                             |  |                              |                              |   |                          |                             |   |                          |                             |     |  |                             |                            |                                |                             |     |  |    |    |    |                              |       |    |    |                              |    |       |    |                              |       |       |    |
| <input type="checkbox"/> T1   | I                          | Tumor confined to vagina   |  |                             |   |  |                             |                            |                                   |  |     |  |  |    |                             |                             |  |  |                             |   |                                |                             |                                   |  |  |  |              |                              |       |                             |    |   |                             |  |                              |                              |   |                          |                             |   |                          |                             |     |  |                             |                            |                                |                             |     |  |    |    |    |                              |       |    |    |                              |    |       |    |                              |       |       |    |
| <input type="checkbox"/> T2   | II                         | Tumor invades paravaginal tissues but not to pelvic wall   |  |                             |   |  |                             |                            |                                   |  |     |  |  |    |                             |                             |  |  |                             |   |                                |                             |                                   |  |  |  |              |                              |       |                             |    |   |                             |  |                              |                              |   |                          |                             |   |                          |                             |     |  |                             |                            |                                |                             |     |  |    |    |    |                              |       |    |    |                              |    |       |    |                              |       |       |    |
| <input type="checkbox"/> T3   | III                        | Tumor extends to pelvic wall**   |  |                             |   |  |                             |                            |                                   |  |     |  |  |    |                             |                             |  |  |                             |   |                                |                             |                                   |  |  |  |              |                              |       |                             |    |   |                             |  |                              |                              |   |                          |                             |   |                          |                             |     |  |                             |                            |                                |                             |     |  |    |    |    |                              |       |    |    |                              |    |       |    |                              |       |       |    |
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| <input type="checkbox"/> N0   |                            | No regional lymph node metastasis  |  |                             |   |  |                             |                            |                                   |  |     |  |  |    |                             |                             |  |  |                             |   |                                |                             |                                   |  |  |  |              |                              |       |                             |    |   |                             |  |                              |                              |   |                          |                             |   |                          |                             |     |  |                             |                            |                                |                             |     |  |    |    |    |                              |       |    |    |                              |    |       |    |                              |       |       |    |
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| TNM CATEGORY  | FIGO STAGE                 |  |  |                             |   |  |                             |                            |                                   |  |     |  |  |    |                             |                             |  |  |                             |   |                                |                             |                                   |  |  |  |              |                              |       |                             |    |   |                             |  |                              |                              |   |                          |                             |   |                          |                             |     |  |                             |                            |                                |                             |     |  |    |    |    |                              |       |    |    |                              |    |       |    |                              |       |       |    |
| <input type="checkbox"/> M0   |                            | No distant metastasis (no pathologic M0; use clinical M to complete stage group)   |  |                             |   |  |                             |                            |                                   |  |     |  |  |    |                             |                             |  |  |                             |   |                                |                             |                                   |  |  |  |              |                              |       |                             |    |   |                             |  |                              |                              |   |                          |                             |   |                          |                             |     |  |                             |                            |                                |                             |     |  |    |    |    |                              |       |    |    |                              |    |       |    |                              |       |       |    |
| <input type="checkbox"/> M1   | IVB                        | Distant metastasis   |  |                             |   |  |                             |                            |                                   |  |     |  |  |    |                             |                             |  |  |                             |   |                                |                             |                                   |  |  |  |              |                              |       |                             |    |   |                             |  |                              |                              |   |                          |                             |   |                          |                             |     |  |                             |                            |                                |                             |     |  |    |    |    |                              |       |    |    |                              |    |       |    |                              |       |       |    |
| ANATOMIC STAGE • PROGNOSTIC GROUP   |                            |  |  |                             |   |  |                             |                            |                                   |  |     |  |  |    |                             |                             |  |  |                             |   |                                |                             |                                   |  |  |  |              |                              |       |                             |    |   |                             |  |                              |                              |   |                          |                             |   |                          |                             |     |  |                             |                            |                                |                             |     |  |    |    |    |                              |       |    |    |                              |    |       |    |                              |       |       |    |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 10%;">GROUP</th> <th colspan="3" style="text-align: center;">CLINICAL</th> </tr> <tr> <th style="width: 15%;">T</th> <th style="width: 15%;">N</th> <th style="width: 15%;">M</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 0</td><td>Tis</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> I</td><td>T1</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> II</td><td>T2</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> III</td><td>T1–T3</td><td>N1</td><td>M0</td></tr> <tr><td><input type="checkbox"/> IVA</td><td>T4</td><td>Any N</td><td>M0</td></tr> <tr><td><input type="checkbox"/> IVB</td><td>Any T</td><td>Any N</td><td>M1</td></tr> </tbody> </table> <p>*FIGO no longer includes Stage 0 (Tis).</p> <p><input type="checkbox"/> Stage unknown</p>   | GROUP                      | CLINICAL   |  |                             | T | N  | M                           | <input type="checkbox"/> 0 | Tis                               | N0   | M0  | <input type="checkbox"/> I               | T1   | N0 | M0                          | <input type="checkbox"/> II | T2   | N0   | M0                          | <input type="checkbox"/> III            | T1–T3                          | N1                          | M0                                | <input type="checkbox"/> IVA   | T4   | Any N                                    | M0           | <input type="checkbox"/> IVB | Any T | Any N                       | M1 | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 10%;">GROUP</th> <th colspan="3" style="text-align: center;">PATHOLOGIC</th> </tr> <tr> <th style="width: 15%;">T</th> <th style="width: 15%;">N</th> <th style="width: 15%;">M</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 0</td><td>Tis</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> I</td><td>T1</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> II</td><td>T2</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> III</td><td>T1–T3</td><td>N1</td><td>M0</td></tr> <tr><td><input type="checkbox"/> IVA</td><td>T4</td><td>Any N</td><td>M0</td></tr> <tr><td><input type="checkbox"/> IVB</td><td>Any T</td><td>Any N</td><td>M1</td></tr> </tbody> </table> <p>*FIGO no longer includes Stage 0 (Tis).</p> <p><input type="checkbox"/> Stage unknown</p> |                             |  | GROUP                        | PATHOLOGIC                   |   |                          | T                           | N | M                        | <input type="checkbox"/> 0  | Tis | N0   | M0                          | <input type="checkbox"/> I | T1                             | N0                          | M0  | <input type="checkbox"/> II  | T2 | N0 | M0 | <input type="checkbox"/> III | T1–T3 | N1 | M0 | <input type="checkbox"/> IVA | T4 | Any N | M0 | <input type="checkbox"/> IVB | Any T | Any N | M1 |
| GROUP   |                            | CLINICAL   |  |                             |   |  |                             |                            |                                   |  |     |  |  |    |                             |                             |  |  |                             |   |                                |                             |                                   |  |  |  |              |                              |       |                             |    |   |                             |  |                              |                              |   |                          |                             |   |                          |                             |     |  |                             |                            |                                |                             |     |  |    |    |    |                              |       |    |    |                              |    |       |    |                              |       |       |    |
|   | T                          | N  | M  |                             |   |  |                             |                            |                                   |  |     |  |  |    |                             |                             |  |  |                             |   |                                |                             |                                   |  |  |  |              |                              |       |                             |    |   |                             |  |                              |                              |   |                          |                             |   |                          |                             |     |  |                             |                            |                                |                             |     |  |    |    |    |                              |       |    |    |                              |    |       |    |                              |       |       |    |
| <input type="checkbox"/> 0  | Tis                        | N0   | M0   |                             |   |  |                             |                            |                                   |  |     |  |  |    |                             |                             |  |  |                             |   |                                |                             |                                   |  |  |  |              |                              |       |                             |    |   |                             |  |                              |                              |   |                          |                             |   |                          |                             |     |  |                             |                            |                                |                             |     |  |    |    |    |                              |       |    |    |                              |    |       |    |                              |       |       |    |
| <input type="checkbox"/> I  | T1                         | N0   | M0   |                             |   |  |                             |                            |                                   |  |     |  |  |    |                             |                             |  |  |                             |   |                                |                             |                                   |  |  |  |              |                              |       |                             |    |   |                             |  |                              |                              |   |                          |                             |   |                          |                             |     |  |                             |                            |                                |                             |     |  |    |    |    |                              |       |    |    |                              |    |       |    |                              |       |       |    |
| <input type="checkbox"/> II   | T2                         | N0   | M0   |                             |   |  |                             |                            |                                   |  |     |  |  |    |                             |                             |  |  |                             |   |                                |                             |                                   |  |  |  |              |                              |       |                             |    |   |                             |  |                              |                              |   |                          |                             |   |                          |                             |     |  |                             |                            |                                |                             |     |  |    |    |    |                              |       |    |    |                              |    |       |    |                              |       |       |    |
| <input type="checkbox"/> III  | T1–T3                      | N1   | M0   |                             |   |  |                             |                            |                                   |  |     |  |  |    |                             |                             |  |  |                             |   |                                |                             |                                   |  |  |  |              |                              |       |                             |    |   |                             |  |                              |                              |   |                          |                             |   |                          |                             |     |  |                             |                            |                                |                             |     |  |    |    |    |                              |       |    |    |                              |    |       |    |                              |       |       |    |
| <input type="checkbox"/> IVA  | T4                         | Any N  | M0   |                             |   |  |                             |                            |                                   |  |     |  |  |    |                             |                             |  |  |                             |   |                                |                             |                                   |  |  |  |              |                              |       |                             |    |   |                             |  |                              |                              |   |                          |                             |   |                          |                             |     |  |                             |                            |                                |                             |     |  |    |    |    |                              |       |    |    |                              |    |       |    |                              |       |       |    |
| <input type="checkbox"/> IVB  | Any T                      | Any N  | M1   |                             |   |  |                             |                            |                                   |  |     |  |  |    |                             |                             |  |  |                             |   |                                |                             |                                   |  |  |  |              |                              |       |                             |    |   |                             |  |                              |                              |   |                          |                             |   |                          |                             |     |  |                             |                            |                                |                             |     |  |    |    |    |                              |       |    |    |                              |    |       |    |                              |       |       |    |
| GROUP   | PATHOLOGIC                 |  |  |                             |   |  |                             |                            |                                   |  |     |  |  |    |                             |                             |  |  |                             |   |                                |                             |                                   |  |  |  |              |                              |       |                             |    |   |                             |  |                              |                              |   |                          |                             |   |                          |                             |     |  |                             |                            |                                |                             |     |  |    |    |    |                              |       |    |    |                              |    |       |    |                              |       |       |    |
|   | T                          | N  | M  |                             |   |  |                             |                            |                                   |  |     |  |  |    |                             |                             |  |  |                             |   |                                |                             |                                   |  |  |  |              |                              |       |                             |    |   |                             |  |                              |                              |   |                          |                             |   |                          |                             |     |  |                             |                            |                                |                             |     |  |    |    |    |                              |       |    |    |                              |    |       |    |                              |       |       |    |
| <input type="checkbox"/> 0  | Tis                        | N0   | M0   |                             |   |  |                             |                            |                                   |  |     |  |  |    |                             |                             |  |  |                             |   |                                |                             |                                   |  |  |  |              |                              |       |                             |    |   |                             |  |                              |                              |   |                          |                             |   |                          |                             |     |  |                             |                            |                                |                             |     |  |    |    |    |                              |       |    |    |                              |    |       |    |                              |       |       |    |
| <input type="checkbox"/> I  | T1                         | N0   | M0   |                             |   |  |                             |                            |                                   |  |     |  |  |    |                             |                             |  |  |                             |   |                                |                             |                                   |  |  |  |              |                              |       |                             |    |   |                             |  |                              |                              |   |                          |                             |   |                          |                             |     |  |                             |                            |                                |                             |     |  |    |    |    |                              |       |    |    |                              |    |       |    |                              |       |       |    |
| <input type="checkbox"/> II   | T2                         | N0   | M0   |                             |   |  |                             |                            |                                   |  |     |  |  |    |                             |                             |  |  |                             |   |                                |                             |                                   |  |  |  |              |                              |       |                             |    |   |                             |  |                              |                              |   |                          |                             |   |                          |                             |     |  |                             |                            |                                |                             |     |  |    |    |    |                              |       |    |    |                              |    |       |    |                              |       |       |    |
| <input type="checkbox"/> III  | T1–T3                      | N1   | M0   |                             |   |  |                             |                            |                                   |  |     |  |  |    |                             |                             |  |  |                             |   |                                |                             |                                   |  |  |  |              |                              |       |                             |    |   |                             |  |                              |                              |   |                          |                             |   |                          |                             |     |  |                             |                            |                                |                             |     |  |    |    |    |                              |       |    |    |                              |    |       |    |                              |       |       |    |
| <input type="checkbox"/> IVA  | T4                         | Any N  | M0   |                             |   |  |                             |                            |                                   |  |     |  |  |    |                             |                             |  |  |                             |   |                                |                             |                                   |  |  |  |              |                              |       |                             |    |   |                             |  |                              |                              |   |                          |                             |   |                          |                             |     |  |                             |                            |                                |                             |     |  |    |    |    |                              |       |    |    |                              |    |       |    |                              |       |       |    |
| <input type="checkbox"/> IVB  | Any T                      | Any N  | M1   |                             |   |  |                             |                            |                                   |  |     |  |  |    |                             |                             |  |  |                             |   |                                |                             |                                   |  |  |  |              |                              |       |                             |    |   |                             |  |                              |                              |   |                          |                             |   |                          |                             |     |  |                             |                            |                                |                             |     |  |    |    |    |                              |       |    |    |                              |    |       |    |                              |       |       |    |

|                              |                                 |
|------------------------------|---------------------------------|
| <b>HOSPITAL NAME/ADDRESS</b> | <b>PATIENT NAME/INFORMATION</b> |
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*(continued on next page)*

## VAGINA STAGING FORM

### PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**REQUIRED FOR STAGING:** None

**CLINICALLY SIGNIFICANT:**

FIGO Stage: \_\_\_\_\_

Pelvic nodal status and method of assessment: \_\_\_\_\_

Para-aortic nodal status and method of assessment: \_\_\_\_\_

Distant (mediastinal, scalene) nodal status and method of assessment: \_\_\_\_\_

**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.

**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

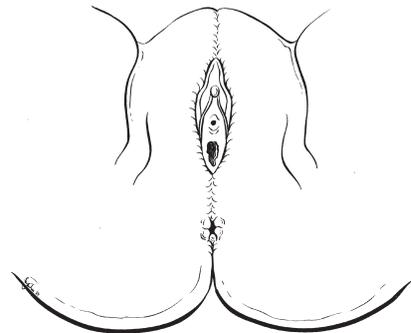
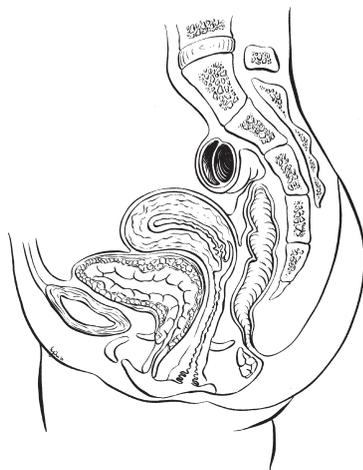
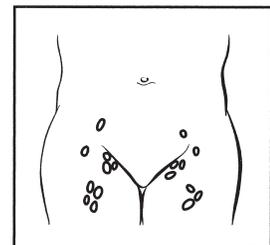
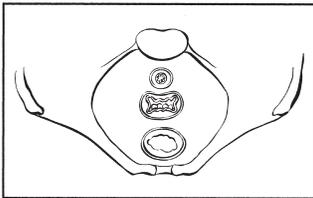
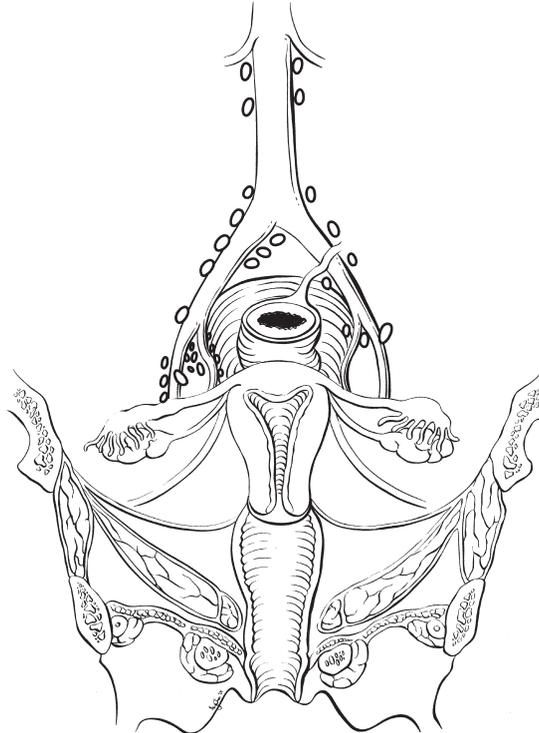
PATIENT NAME/INFORMATION

(continued from previous page)

# VAGINA STAGING FORM

## Illustration

Indicate on diagram primary tumor and regional nodes involved.



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