AJCC Cancer Staging Form Supplement

AJCC Cancer Staging Manual, Eighth Edition

Last updated 05 June 2018

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American Joint Committee on Cancer

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Introduction

The *AJCC Cancer Staging Manual, Eighth Edition Staging Form Supplement* includes 104 printable staging forms for each distinct staging system published by the American College of Surgeons (ACS).

These printable forms may be used by physicians to record data on T, N, and M categories; prognostic stage groups; additional prognostic factors; histologic grade; and other important information. These forms may be useful for recording information in the medical record and for communicating information from physicians to the cancer registrar.

The staging forms may be used to document cancer stage at different points in the patient's care and during the course of therapy, including the time before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

See Principles of Cancer Staging[1] (Chapter 1) of the *AJCC Cancer Staging Manual, Eighth Edition*[2] for complete staging rules. Always refer to the respective chapter in the Manual for disease-specific rules for classification, as this form is not representative of all rules, exceptions and instructions for this disease.

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Organization of This Supplement

The staging forms in this supplement are numbered according to their corresponding chapters in the *AJCC Cancer Staging Manual, Eighth Edition*.[2] For example, chapter 6, Cervical Lymph Nodes and Unknown Primary Tumors of the Head and Neck is the first chapter in the manual that has data collection items, so it is the first staging form in this supplement.

Some chapters have multiple staging forms as they describe distinct TNM, Prognostic Factors, and AJCC Prognostic Stage Groups for unique topographical sites, histologic types or a combination of the two.

These forms may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

References

1. Gress, D.M., Edge, S.B., Gershenwald, J.E., et al. Principles of Cancer Staging. In: Amin, M.B., Edge, S.B., Greene, F.L., et al. (Eds.) AJCC Cancer Staging Manual. 8th Ed. New York: Springer; 2017: 3-30
2. Amin, M.B., Edge, S.B., Greene, F.L., et al. (Eds.) AJCC Cancer Staging Manual. 8th Ed. New York: Springer; 2017

Summary of Changes 05 June 2018

Form Number	Title	Section	Before Correction	After Correction
6	Cervical Lymph Nodes and Unknown Primary Tumors of the Head and Neck	4.2.1 Clinical N (cN)	N2b: Metastasis in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(−) N2c: Metastasis in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)	N2b: Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(−) N2c: Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)
6	Cervical Lymph Nodes and Unknown Primary Tumors of the Head and Neck	4.2.2 Pathological N (pN)	N2b: Metastasis in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(−) N2c: Metastasis in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)	N2b: Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(−) N2c: Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)
7	Oral Cavity	4.1 Definition of Primary Tumor (T)	T1: Tumor ≤ 2 cm, ≤ 5 mm depth of invasion (DOI) DOI is depth of invasion and not tumor thickness.	T1: Tumor ≤ 2 cm with depth of invasion (DOI)* ≤ 5 mm
7	Oral Cavity	4.1 Definition of Primary Tumor (T)	T2: Tumor ≤ 2 cm, DOI > 5 mm and ≤ 10 mm *or* tumor > 2 cm but ≤ 4 cm, DOI ≤ 10 mm	T2: Tumor ≤ 2 cm with DOI* > 5 mm *or* tumor > 2 cm and ≤ 4 cm with DOI* ≤ 10 mm
7	Oral Cavity	4.1 Definition of Primary Tumor (T)	T3: Tumor > 4 cm *or* any tumor with DOI > 10 mm but ≤ 20 mm	T3: Tumor > 2 cm and ≤ 4 cm with DOI* > 10 mm *or* tumor > 4 cm with DOI* ≤ 10 mm

Form Number	Title	Section	Before Correction	After Correction
7	Oral Cavity	4.1 Definition of Primary Tumor (T)	T4a: Moderately advanced local disease Tumor invades adjacent structures only (e.g., through cortical bone of the mandible or maxilla, or involves the maxillary sinus or skin of the face) or extensive tumor with bilateral tongue involvement and/or DOI > 20 mm. Note: Superficial erosion of bone/tooth socket (alone) by a gingival primary is not sufficient to classify a tumor as T4.	T4a: Moderately advanced local disease Tumor > 4 cm with DOI* > 10 mm *or* tumor invades adjacent structures only (e.g., through cortical bone of the mandible or maxilla or involves the maxillary sinus or skin of the face) Note: Superficial erosion of bone/tooth socket (alone) by a gingival primary is not sufficient to classify a tumor as T4.
7	Oral Cavity	4.1 Definition of Primary Tumor (T)	no footnote	Insert footnote at bottom of T table: *DOI is depth of invasion and not tumor thickness.
7	Oral Cavity	4.2.1 Clinical N (cN)	N2b: Metastasis in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(−) N2c: Metastasis in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)	N2b: Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(−) N2c: Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)
7	Oral Cavity	4.2.2 Pathological N (pN)	N2b: Metastasis in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(−) N2c: Metastasis in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)	N2b: Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(−) N2c: Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)

Form Number	Title	Section	Before Correction	After Correction
8	Major Salivary Glands	4.2.1 Clinical N (cN)	N2b: Metastasis in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(−) N2c: Metastasis in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)	N2b: Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(−) N2c: Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)
8	Major Salivary Glands	4.2.2 Pathological N (pN)	N2b: Metastasis in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(−) N2c: Metastasis in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)	N2b: Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(−) N2c: Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)
11.1	Oropharynx (p16-)	4.2.1 Clinical N (cN)	N2b: Metastasis in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(−) N2c: Metastasis in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)	N2b: Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(−) N2c: Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)
11.1	Oropharynx (p16-)	4.2.2 Pathological N (pN)	N2b: Metastasis in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(−) N2c: Metastasis in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)	N2b: Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(−) N2c: Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)
11.2	Hypopharynx	4.2.1 Clinical N (cN)	N2b: Metastasis in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(−) N2c: Metastasis in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)	N2b: Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(−) N2c: Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)

Form Number	Title	Section	Before Correction	After Correction
11.2	Hypopharynx	4.2.2 Pathological N (pN)	N2b: Metastasis in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(−) N2c: Metastasis in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)	N2b: Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(−) N2c: Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)
12.1	Maxillary Sinus	4.2.1 Clinical N (cN)	N2b: Metastasis in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(−) N2c: Metastasis in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)	N2b: Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(−) N2c: Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)
12.1	Maxillary Sinus	4.2.2 Pathological N (pN)	N2b: Metastasis in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(−) N2c: Metastasis in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)	N2b: Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(−) N2c: Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)
12.2	Nasal Cavity and Ethmoid Sinus	4.2.1 Clinical N (cN)	N2b: Metastasis in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(−) N2c: Metastasis in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)	N2b: Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(−) N2c: Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)
12.2	Nasal Cavity and Ethmoid Sinus	4.2.2 Pathological N (pN)	N2b: Metastasis in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(−) N2c: Metastasis in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)	N2b: Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(−) N2c: Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)

Form Number	Title	Section	Before Correction	After Correction
13.1	Larynx: Supraglottis	4.2.1 Clinical N (cN)	N2c: Metastasis in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)	N2c: Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)
13.1	Larynx: Supraglottis	4.2.2 Pathological N (pN)	N2c: Metastasis in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)	N2c: Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)
13.2	Larynx: Glottis	4.2.1 Clinical N (cN)	N2c: Metastasis in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)	N2c: Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)
13.2	Larynx: Glottis	4.2.2 Pathological N (pN)	N2c: Metastasis in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)	N2c: Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)
13.3	Larynx: Subglottis	4.2.1 Clinical N (cN)	N2c: Metastasis in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)	N2c: Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)
13.3	Larynx: Subglottis	4.2.2 Pathological N (pN)	N2c: Metastasis in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)	N2c: Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)

Form Number	Title	Section	Before Correction	After Correction
15	Cutaneous Carcinoma of the Head and Neck	4.2.1 Clinical N (cN)	N2b: Metastasis in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(−) N2c: Metastasis in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)	N2b: Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(−) N2c: Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)
15	Cutaneous Carcinoma of the Head and Neck	4.2.2 Pathological N (pN)	N2b: Metastasis in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(−) N2c: Metastasis in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)	N2b: Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(−) N2c: Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)
36	Lung	5. AJCC Prognostic Stage Groups	row omitted	Any T Any N M1 stage IV
79.5	Hodgkin and Non-Hodgkin Lymphoma	5.AJCC Prognostic Stage Groups	Rai staging system included in section	Rai staging system removed. Lugano classification added to staging form.

Contents

6. Cervical Lymph Nodes and Unknown Primary Tumors of the Head and Neck

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	Classification	Definition
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	Patient Name/Information

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instruction for clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	T0	No evidence of primary tumor

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

4.2.1 Clinical N (cN)

These criteria apply to patients who are treated with primary nonsurgical treatment without a cervical lymph node dissection.

✓	*cN Category*	*cN Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(−)
	N2	Metastasis in a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−); *or* metastases in multiple ipsilateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−); *or* in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, ENE(−)
	N2a	Metastasis in a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−)
	N2b	Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N2c	Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N3	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−); *or* metastasis in any node(s) with clinically overt ENE(+) (ENE_c)[2]
	N3a	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−)
	N3b	Metastasis in any node(s) with clinically overt ENE(+) (ENE_c)[2]
Notes: Midline nodes are considered ipsilateral nodes. ENE_c is defined as invasion of skin, infiltration of musculature, dense tethering or fixation to adjacent structures, or cranial nerve, brachial plexus, sympathetic trunk, or phrenic nerve invasion with dysfunction.		
Note: A designation of "U" or "L" may be used for any N category to indicate metastasis above the lower border of the cricoid (U) or below the lower border of the cricoid (L). Similarly, clinical and pathological ENE should be recorded as ENE(−) or ENE(+).		

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.
	U	Metastasis above the lower border of the cricoid
	L	Metastasis below the lower border of the cricoid

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4.2.2 Pathological N (pN)

These criteria apply to patients who are treated surgically with a cervical lymph node dissection.

✓	*pN Category*	*pN Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(−)
	N2	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(+); *or* larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−); *or* metastases in multiple ipsilateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−); *or* in bilateral or contralateral lymph node(s), none larger than 6 cm in greatest dimension and ENE(−)
	N2a	Metastasis in a single ipsilateral node 3 cm or less in greatest dimension and ENE(+); *or* a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−)
	N2b	Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N2c	Metastases in bilateral or contralateral lymph node(s), none larger than 6 cm in greatest dimension and ENE(−)
	N3	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−); *or* metastasis in a single ipsilateral node larger than 3 cm in greatest dimension and ENE(+); *or* multiple ipsilateral, contralateral, or bilateral nodes any size and ENE(+) in any node; *or* a single contralateral node of any size and ENE(+)
	N3a	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−)
	N3b	Metastasis in a single ipsilateral node larger than 3 cm in greatest dimension and ENE(+); *or* multiple ipsilateral, contralateral, or bilateral nodes any size and ENE(+) in any node; *or* a single contralateral node of any size and ENE(+)
Note: Midline nodes are considered ipsilateral nodes. ENE detected on histopathologic examination is designated as ENE_{mi} (microscopic ENE ≤ 2 mm) or ENE_{ma} (macroscopic ENE > 2 mm). Both ENE_{mi} and ENE_{ma} qualify as ENE(+) for definition of pN.		
Note: A designation of "U" or "L" may be used for any N category to indicate metastasis above the lower border of the cricoid (U) or below the lower border of the cricoid (L). Similarly, clinical and pathological ENE should be recorded as ENE(−) or ENE(+).		

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.
	U	Metastasis above the lower border of the cricoid
	L	Metastasis below the lower border of the cricoid

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	T0	N1	M0	III
	T0	N2	M0	IVA
	T0	N3	M0	IVB
	T0	Any N	M1	IVC

Hospital Name/Address	**Patient Name/Information**

6 Registry Data Collection Variables

1. Extranodal extension for all anatomic sites with the exception of HPV-related oropharynx cancer, nasopharynx cancer, melanoma, sarcoma, and thyroid carcinoma: ☐ Yes ☐ No
2. Size of largest metastatic node:
3. Number of metastatic lymph nodes:
4. Laterality of metastatic nodes; note that midline nodes are considered ipsilateral nodes:
5. Level of nodal involvement:
6. ENE clinical (select one): ☐ Positive (+) ☐ Negative (−)
7. ENE pathological (select one): ☐ Positive (+) ☐ Negative (−)

7 Lymphovascular Invasion (LVI)

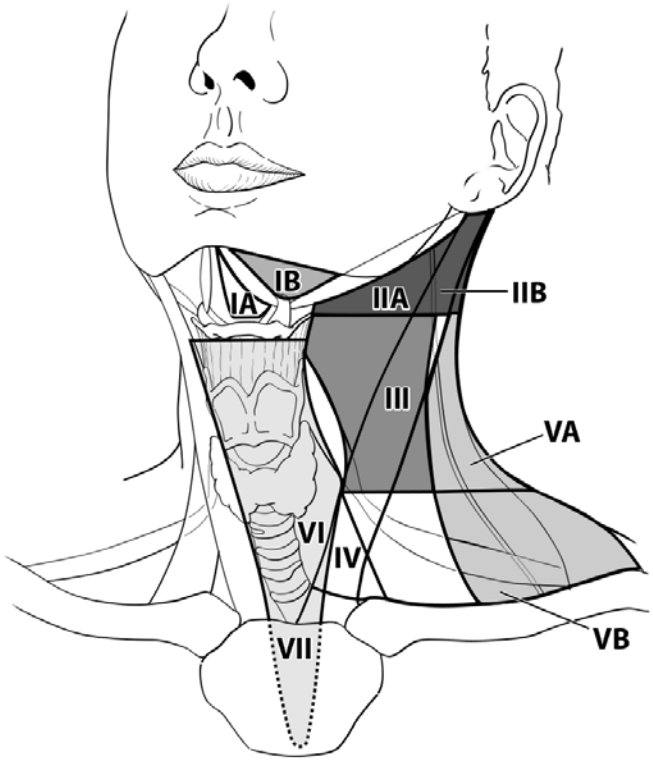
✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

8 Anatomy

FIGURE 5.1. Schematic indicating the location of the lymph node levels in the neck.



Level	*Lymph Node Group Name*
IA	Submental
IB	Submandibular
IIA, IIB	Upper Jugular
III	Middle Jugular
IV	Lower Jugular
VA, VB	Posterior Triangle
VI	Anterior Compartment
VII	Superior Mediastinal

Physician Signature	Date/Time

Hospital Name/Address	**Patient Name/Information**

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✓	*Classification*	*Definition*
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	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	Tis	Carcinoma *in situ*
	T1	Tumor ≤ 2 cm with depth of invasion (DOI)* ≤ 5 mm
	T2	Tumor ≤ 2 cm with DOI* > 5 mm *or* tumor > 2 cm and ≤ 4 cm with DOI* ≤ 10 mm
	T3	Tumor > 2 cm and ≤ 4 cm with DOI* > 10 mm *or* tumor > 4 cm with DOI* ≤ 10 mm
	T4	Moderately advanced or very advanced local disease
	T4a	Moderately advanced local disease Tumor > 4 cm with DOI* > 10 mm ***or*** tumor invades adjacent structures only (e.g., through cortical bone of the mandible or maxilla or involves the maxillary sinus or skin of the face) Note: Superficial erosion of bone/tooth socket (alone) by a gingival primary is not sufficient to classify a tumor as T4.
	T4b	Very advanced local disease Tumor invades masticator space, pterygoid plates, or skull base and/or encases the internal carotid artery
	*DOI is depth of invasion and **not** tumor thickness.	

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

4.2.1 Clinical N (cN)

✓	*cN Category*	*cN Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension ENE(−)
	N2	Metastasis in a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−); *or* metastases in multiple ipsilateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−); *or* in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)
	N2a	Metastasis in a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension, and ENE(−)
	N2b	Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension, and ENE(−)
	N2c	Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension, and ENE(−)
	N3	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−); *or* metastasis in any node(s) and clinically overt ENE(+)
	N3a	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−)
	N3b	Metastasis in any node(s) and clinically overt ENE(+)
Note: A designation of "U" or "L" may be used for any N category to indicate metastasis above the lower border of the cricoid (U) or below the lower border of the cricoid (L). Similarly, clinical and pathological ENE should be recorded as ENE(−) or ENE(+).		

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.
	U	Metastasis above the lower border of the cricoid
	L	Metastasis below the lower border of the cricoid

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4.2.2 Pathological N (pN)

✓	*pN Category*	*pN Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(−)
	N2	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(+); *or* larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−); *or* metastases in multiple ipsilateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−); *or* in bilateral or contralateral lymph node(s), none larger than 6 cm in greatest dimension, ENE(−)
	N2a	Metastasis in single ipsilateral node 3 cm or smaller in greatest dimension and ENE(+); *or* a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−)
	N2b	Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N2c	Metastases in bilateral or contralateral lymph node(s), none larger than 6 cm in greatest dimension and ENE(−)
	N3	N3: Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−); *or* metastasis in a single ipsilateral node larger than 3 cm in greatest dimension and ENE(+); *or* multiple ipsilateral, contralateral, or bilateral nodes, any with ENE(+); *or* a single contralateral node of any size and ENE(+)
	N3a	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−)
	N3b	Metastasis in a single ipsilateral node larger than 3 cm in greatest dimension and ENE(+); *or* multiple ipsilateral, contralateral or bilateral nodes any with ENE(+); *or* a single contralateral node of any size and ENE(+)
Note: A designation of "U" or "L" may be used for any N category to indicate metastasis above the lower border of the cricoid (U) or below the lower border of the cricoid (L). Similarly, clinical and pathological ENE should be recorded as ENE(−) or ENE(+).		

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.
	U	Metastasis above the lower border of the cricoid
	L	Metastasis below the lower border of the cricoid

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Assignment of the M category for pathological classification may be cM0, cM1, or pM1.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Tis	N0	M0	0
	T1	N0	M0	I
	T2	N0	M0	II
	T3	N0	M0	III
	T1,T2,T3	N1	M0	III
	T4a	N0,N1	M0	IVA
	T1,T2,T3,T4a	N2	M0	IVA
	Any T	N3	M0	IVB
	T4b	Any N	M0	IVB
	Any T	Any N	M1	IVC

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. ENE clinical (select one): ☐ Present/Positive (+) ☐ Absent/Negative (−)

2. ENE pathological (select one): ☐ Present/Positive (+) ☐ Absent/Negative (−)

3. Extent of microscopic ENE (distance of extension from the native lymph node capsule to the farthest point of invasion in the extranodal tissue):

4. Perineural invasion: ☐ Intratumoral: ☐ Focal ☐ Multifocal ☐ Extratumoral: ☐ Focal ☐ Multifocal

5. Lymphovascular invasion: ☐ Intratumoral: ☐ Focal ☐ Multifocal ☐ Extratumoral: ☐ Focal ☐ Multifocal

6. p16/HPV status: ☐ Positive (+) ☐ Negative (−)

7. Performance status (0-5): _____

8. Tobacco use and pack-year: ☐ Never ☐ ≤ 10 pack-years ☐ > 10 but ≤ 20 pack-years ☐ > 20 pack-years

9. Alcohol use: Number of days drinking per week: _____ Number of drinks per day: _____

10. Depression diagnosis: ☐ Previously diagnosed ☐ Currently diagnosed

11. Depth of invasion (mm): _____

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12. Margin Status: ☐ grossly involved
☐ microscopic involvement

13. Distance of tumor (or moderate/severe dysplasia) from closest margin: _____

14. WPOI-5 (worst patterns of invasion): ☐ Present ☐ Not present

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 7.1. Anatomical sites and subsites of the oral cavity.

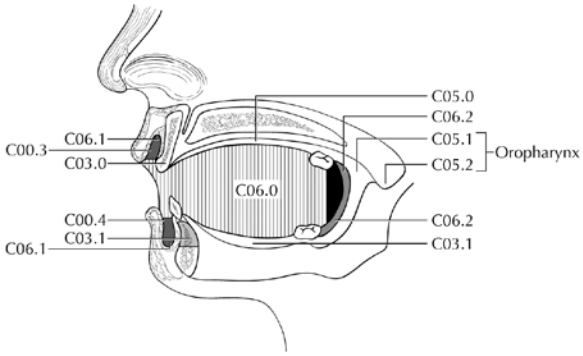


FIGURE 7.2. Anatomical sites and subsites of the oral cavity.

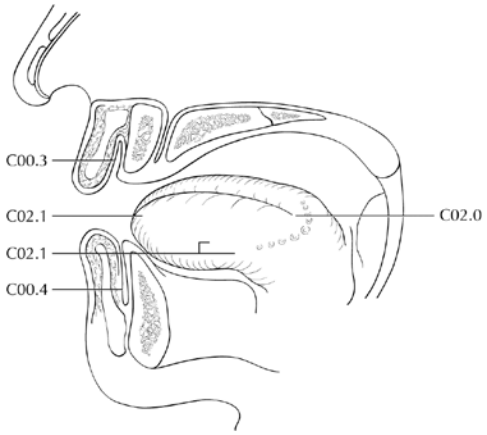


FIGURE 7.3. Anatomical sites and subsites of the oral cavity.

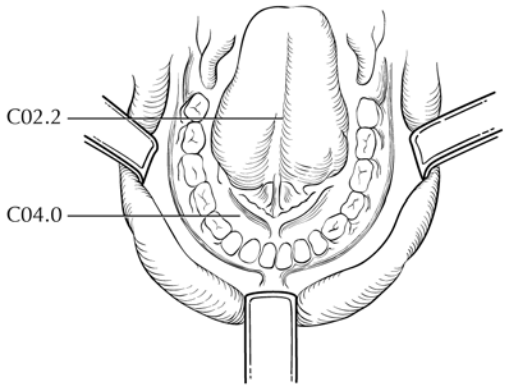
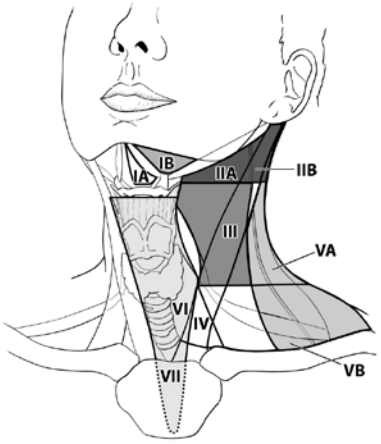


FIGURE 5.1. Schematic indicating the location of the lymph node levels in the neck.



Level	*Lymph Node Group Name*
IA	Submental
IB	Submandibular
IIA, IIB	Upper Jugular
III	Middle Jugular
IV	Lower Jugular
VA, VB	Posterior Triangle
VI	Anterior Compartment
VII	Superior Mediastinal

Physician Signature	Date/Time

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1 Terms of Use

The cancer staging form is a specific document in the patient record; it is not a substitute for documentation of history, physical examination, and staging evaluation, or for documenting treatment plans or follow-up. The staging forms available in conjunction with the *AJCC Cancer Staging Manual, Eighth Edition* may be used by individuals without permission from the ACS or the publisher. They cannot be sold, distributed, published, or incorporated into any software (including any electronic record systems), product, or publication without a written license agreement with ACS. The forms cannot be modified, changed, or updated without the express written permission of ACS.

2 Instructions

See Principles of Cancer Staging (Chapter 1) of the *AJCC Cancer Staging Manual, Eighth Edition* for complete staging rules. Always refer to the respective chapter in the Manual for disease-specific rules for classification, as this form is not representative of all rules, exceptions and instructions for this disease.

This form may be used by physicians to record data on T, N, and M categories; prognostic stage groups; additional prognostic factors; cancer grade; and other important information. This form may be useful for recording information in the medical record and for communicating information from physicians to the cancer registrar.

The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	Tis	Carcinoma *in situ*
	T1	Tumor 2 cm or smaller in greatest dimension without extraparenchymal extension*
	T2	Tumor larger than 2 cm but not larger than 4 cm in greatest dimension without extraparenchymal extension*
	T3	Tumor larger than 4 cm and/or tumor having extraparenchymal extension*
	T4	Moderately advanced or very advanced disease
	T4a	Moderately advanced disease Tumor invades skin, mandible, ear canal, and/or facial nerve
	T4b	Very advanced disease Tumor invades skull base and/or pterygoid plates and/or encases carotid artery
	* Extraparenchymal extension is clinical or macroscopic evidence of invasion of soft tissues. Microscopic evidence alone does not constitute extraparenchymal extension for classification purposes.	

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

4.2.1 Clinical N (cN)

✓	*cN Category*	*cN Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(−)
	N2	Metastasis in a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−); *or* metastases in multiple ipsilateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−); *or* in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N2a	Metastasis in a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−)
	N2b	Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N2c	Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N3	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−); *or* metastasis in any node(s) with clinically overt ENE(+)
	N3a	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−)
	N3b	Metastasis in any node(s) with clinically overt ENE(+)
Note: A designation of "U" or "L" may be used for any N category to indicate metastasis above the lower border of the cricoid (U) or below the lower border of the cricoid (L). Similarly, clinical and pathological ENE should be recorded as ENE(−) or ENE(+).		

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.
	U	Metastasis above the lower border of the cricoid
	L	Metastasis below the lower border of the cricoid

This form continues on the next page.

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4.2.2 Pathological N (pN)

✓	*pN Category*	*pN Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(−)
	N2	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(+); *or* larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−); *or* metastases in multiple ipsilateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−); *or* in bilateral or contralateral lymph node(s), none larger than 6 cm in greatest dimension and ENE(−)
	N2a	Metastasis in single ipsilateral node 3 cm or smaller in greatest dimension and ENE(+) *or* a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−)
	N2b	Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N2c	Metastases in bilateral or contralateral lymph node(s), none larger than 6 cm in greatest dimension and ENE(−)
	N3	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−); *or* in a single ipsilateral node larger than 3 cm in greatest dimension and ENE(+); *or* multiple ipsilateral, contralateral, or bilateral nodes any with ENE(+); *or* a single contralateral node of any size and ENE(+)
	N3a	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−)
	N3b	Metastasis in a single ipsilateral node larger than 3 cm in greatest dimension and ENE(+); *or* multiple ipsilateral, contralateral, or bilateral nodes any with ENE(+); *or* a single contralateral node of any size and ENE(+)
Note: A designation of "U" or "L" may be used for any N category to indicate metastasis above the lower border of the cricoid (U) or below the lower border of the cricoid (L). Similarly, clinical and pathological ENE should be recorded as ENE(−) or ENE(+).		

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.
	U	Metastasis above the lower border of the cricoid
	L	Metastasis below the lower border of the cricoid

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Assignment of the M category for pathological classification may be cM0, cM1, or pM1.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Tis	N0	M0	0
	T1	N0	M0	I
	T2	N0	M0	II
	T3	N0	M0	III
	T0, T1, T2, T3	N1	M0	III
	T4a	N0, N1	M0	IVA
	T0, T1, T2, T3, T4a	N2	M0	IVA
	Any T	N3	M0	IVB
	T4b	Any N	M0	IVB
	Any T	Any N	M1	IVC

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. ENE clinical (select one): ☐ Present/Positive (+) ☐ Absent/Negative (−)

2. ENE pathological (select one): ☐ Present/Positive (+) ☐ Absent/Negative (−)

3. Extent of microscopic ENE (distance of extension from the native lymph node capsule to the farthest point of invasion in the extranodal tissue):

4. Perineural invasion: ☐ Intratumoral: ☐ Focal ☐ Multifocal ☐ Extratumoral: ☐ Focal ☐ Multifocal

5. Lymphovascular invasion: ☐ Intratumoral: ☐ Focal ☐ Multifocal ☐ Extratumoral: ☐ Focal ☐ Multifocal

6. p16/HPV status: ☐ Positive (+) ☐ Negative (−)

7. Performance status (0-5): _____

8. Tobacco use and pack-year: ☐ Never ☐ ≤ 10 pack-years ☐ > 10 but ≤ 20 pack-years ☐ > 20 pack-years

9. Alcohol use: Number of days drinking per week: _____ Number of drinks per day: _____

10. Depression diagnosis: ☐ Previously diagnosed ☐ Currently diagnosed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

7 Histologic Grade (G)

There is no uniform grading system for salivary gland.

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

9 Anatomy

FIGURE 8.1. Major salivary glands include the parotid, submandibular, and sublingual glands.

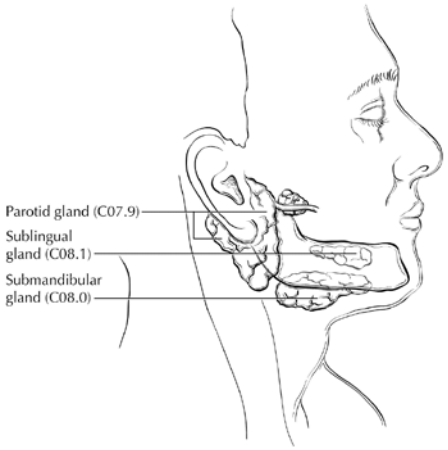
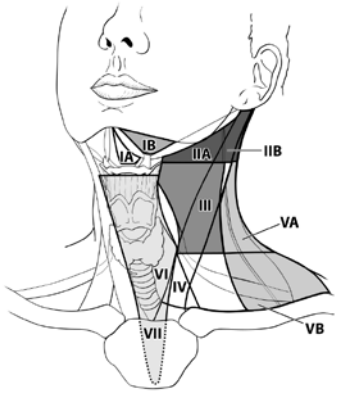


FIGURE 5.1. Schematic indicating the location of the lymph node levels in the neck.



Level	*Lymph Node Group Name*
IA	Submental
IB	Submandibular
IIA, IIB	Upper Jugular
III	Middle Jugular
IV	Lower Jugular
VA, VB	Posterior Triangle
VI	Anterior Compartment
VII	Superior Mediastinal

Physician Signature Date/Time

Hospital Name/Address	**Patient Name/Information**

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This form may be used by physicians to record data on T, N, and M categories; prognostic stage groups; additional prognostic factors; cancer grade; and other important information. This form may be useful for recording information in the medical record and for communicating information from physicians to the cancer registrar.

The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No tumor identified, but EBV-positive cervical node(s) involvement
	Tis	Tumor *in situ*
	T1	Tumor confined to nasopharynx, or extension to oropharynx and/or nasal cavity without parapharyngeal involvement
	T2	Tumor with extension to parapharyngeal space, and/or adjacent soft tissue involvement (medial pterygoid, lateral pterygoid, prevertebral muscles)
	T3	Tumor with infiltration of bony structures at skull base, cervical vertebra, pterygoid structures, and/or paranasal sinuses
	T4	Tumor with intracranial extension, involvement of cranial nerves, hypopharynx, orbit, parotid gland, and/or extensive soft tissue infiltration beyond the lateral surface of the lateral pterygoid muscle

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Unilateral metastasis in cervical lymph node(s) and/or unilateral or bilateral metastasis in retropharyngeal lymph node(s), 6 cm or smaller in greatest dimension, above the caudal border of cricoid cartilage
	N2	Bilateral metastasis in cervical lymph node(s), 6 cm or smaller in greatest dimension, above the caudal border of cricoid cartilage
	N3	Unilateral or bilateral metastasis in cervical lymph node(s), larger than 6 cm in greatest dimension, and/or extension below the caudal border of cricoid cartilage

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Tis	N0	M0	0
	T1	N0	M0	I
	T1, T0	N1	M0	II
	T2	N0	M0	II
	T2	N1	M0	II
	T1, T0	N2	M0	III
	T2	N2	M0	III
	T3	N0	M0	III
	T3	N1	M0	III
	T3	N2	M0	III
	T4	N0	M0	IVA
	T4	N1	M0	IVA
	T4	N2	M0	IVA
	Any T	N3	M0	IVA
	Any T	Any N	M1	IVB

6 Registry Data Collection Variables

Beyond the factors required for staging, the authors have not identified any additional registry data collection variables.

7 Histologic Grade (G)

A grading system is not used for NPCs.

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Illustrations

FIGURE 9.1. Anatomical sites and subsites of the nasopharynx, oropharynx, hypopharynx, and esophagus.

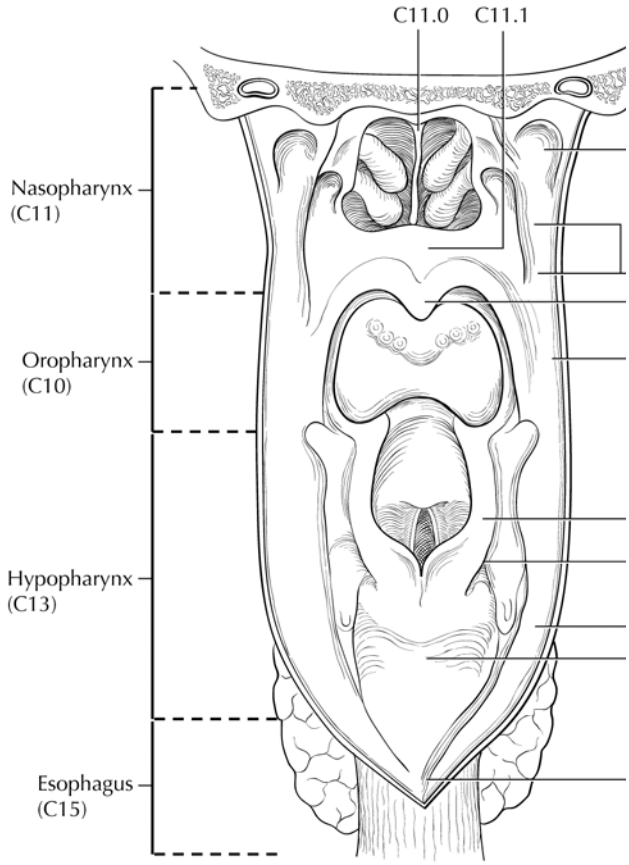
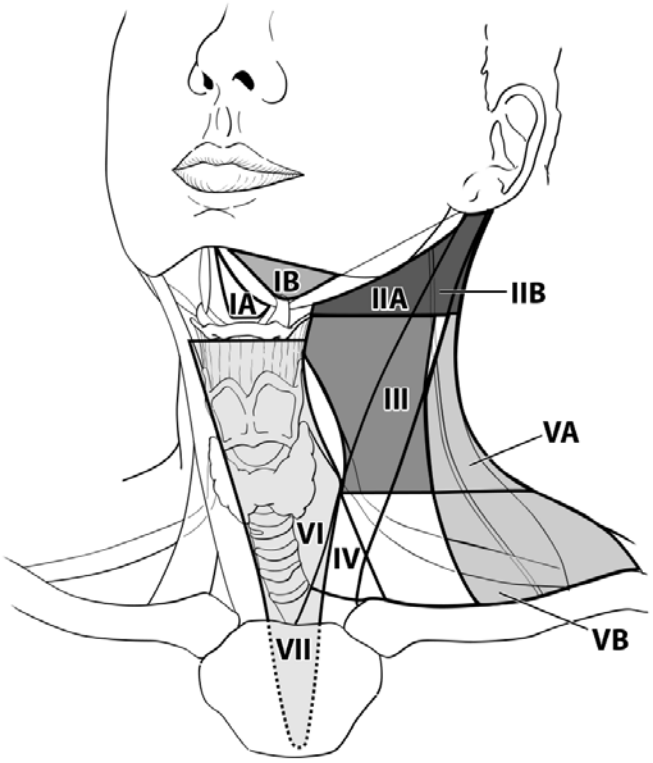


FIGURE 5.1. Schematic indicating the location of the lymph node levels in the neck.



Level	*Lymph Node Group Name*
IA	Submental
IB	Submandibular
IIA, IIB	Upper Jugular
III	Middle Jugular
IV	Lower Jugular
VA, VB	Posterior Triangle
VI	Anterior Compartment
VII	Superior Mediastinal

Physician Signature	Date/Time

Hospital Name/Address	**Patient Name/Information**

1 Terms of Use

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	T0	No primary identified
	T1	Tumor 2 cm or smaller in greatest dimension
	T2	Tumor larger than 2 cm but not larger than 4 cm in greatest dimension
	T3	Tumor larger than 4 cm in greatest dimension or extension to lingual surface of epiglottis
	T4	Moderately advanced local disease. Tumor invades the larynx, extrinsic muscle of tongue, medial pterygoid, hard palate, or mandible or beyond*
* Mucosal extension to lingual surface of epiglottis from primary tumors of the base of the tongue and vallecula does not constitute invasion of the larynx.		

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

4.2.1 Clinical N (cN)

✓	*cN Category*	*cN Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	One or more ipsilateral lymph nodes, none larger than 6 cm
	N2	Contralateral or bilateral lymph nodes, none larger than 6 cm
	N3	Lymph node(s) larger than 6 cm

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.2.2 Pathological N (pN)

✓	*pN Category*	*pN Criteria*
	NX	Regional lymph nodes cannot be assessed
	pN0	No regional lymph node metastasis
	pN1	Metastasis in 4 or fewer lymph nodes
	pN2	Metastasis in more than 4 lymph nodes

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

5 Prognostic Factors Required for Stage Grouping

5.1 Definition of p16/HPV Status

✓	*P16/HPV Status*
	Positive (+)
	Negative (-) If negative, use staging form for p16- Oropharynx, Chapter 11.
	Not tested. If not tested, use staging form for p16- Oropharynx, Chapter 11.

6 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

6.1 Clinical (cTNM)

✓	*When p16/HPV Status is…*	*And T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Positive	T0, T1 or T2	N0 or N1	M0	I
	Positive	T0, T1 or T2	N2	M0	II
	Positive	T3	N0, N1 or N2	M0	II
	Positive	T0, T1, T2, T3 or T4	N3	M0	III
	Positive	T4	N0, N1, N2 or N3	M0	III
	Positive	Any T	Any N	M1	IV

6.2 Pathological (pTNM)

✓	*When p16/HPV Status is…*	*And T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Positive	T0, T1 or T2	N0, N1	M0	I
	Positive	T0, T1 or T2	N2	M0	II
	Positive	T3 or T4	N0, N1	M0	II
	Positive	T3 or T4	N2	M0	III
	Positive	Any T	Any N	M1	IV

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

7 Registry Data Collection Variables

See chapter for more details on these variables.

1. Tumor location: ☐ posterior wall nasopharynx (use AJCC Chapter 9 Nasopharynx)
☐ pharyngeal tonsils (use this chapter, AJCC Chapter 10 HPV-Mediated Oropharyngeal Cancer)

2. Number and size of nodes:

3. Perineural invasion: ☐ Intratumoral: ☐ Focal ☐ Multifocal
☐ Extratumoral: ☐ Focal ☐ Multifocal

4. Extranodal extension: ☐ gross ≥ 2 mm
☐ microscopic

5. Tobacco use and pack-year: ☐ Never
☐ ≤ 10 pack-years
☐ > 10 but ≤ 20 pack-years
☐ > 20 pack-years

8 Histologic Grade (G)

No grading system exists for HPV-mediated oropharyngeal tumors.

9 Lymphovascular Invasion (LVI)

✓	***Component of LVI Coding***	***Description***
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

10 Anatomy

FIGURE 10.2. Sagittal view of the face and neck depicting the subdivisions of the pharynx.

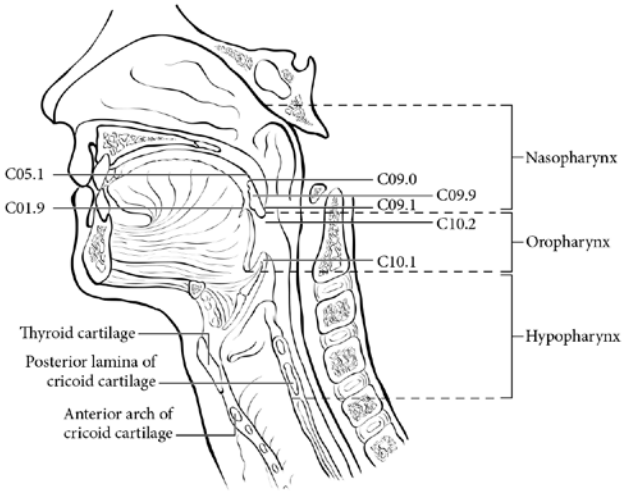
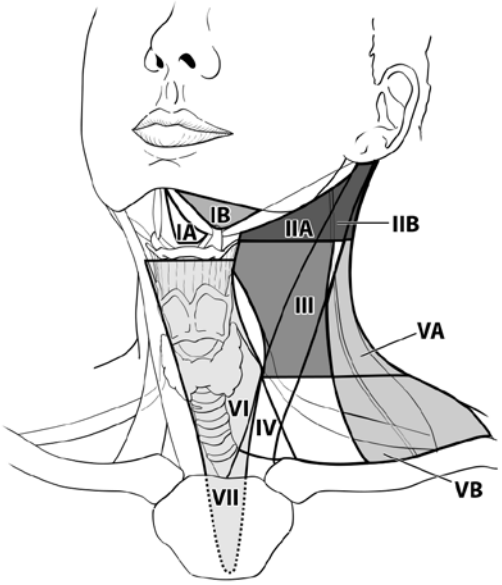


FIGURE 5.1. Schematic indicating the location of the lymph node levels in the neck.



Level	*Lymph Node Group Name*
IA	Submental
IB	Submandibular
IIA, IIB	Upper Jugular
III	Middle Jugular
IV	Lower Jugular
VA, VB	Posterior Triangle
VI	Anterior Compartment
VII	Superior Mediastinal

Physician Signature	Date/Time

Hospital Name/Address	**Patient Name/Information**

11. Oropharynx (p16-) and Hypopharynx

Oropharynx (p16-) and Hypopharynx each have different sections for Definition of Primary Tumor (T). It is for this reason that there are 2 separate staging forms for this chapter. Please choose the appropriate staging form based on primary site.

11.1 Oropharynx (p16-)

11.2 Hypopharynx

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2 Instructions

See Principles of Cancer Staging (Chapter 1) of the *AJCC Cancer Staging Manual, Eighth Edition* for complete staging rules. Always refer to the respective chapter in the Manual for disease-specific rules for classification, as this form is not representative of all rules, exceptions and instructions for this disease.

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The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	Tis	Carcinoma *in situ*
	T1	Tumor 2 cm or smaller in greatest dimension
	T2	Tumor larger than 2 cm but not larger than 4 cm in greatest dimension
	T3	Tumor larger than 4 cm in greatest dimension or extension to lingual surface of epiglottis
	T4	Moderately advanced or very advanced local disease
	T4a	Moderately advanced local disease Tumor invades the larynx, extrinsic muscle of tongue, medial pterygoid, hard palate, or mandible*
	T4b	Very advanced local disease Tumor invades lateral pterygoid muscle, pterygoid plates, lateral nasopharynx, or skull base or encases carotid artery
*Note: Mucosal extension to lingual surface of epiglottis from primary tumors of the base of the tongue and vallecula does not constitute invasion of the larynx.		

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

4.2.1 Clinical N (cN)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(−)
	N2	Metastasis in a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−); or metastases in multiple ipsilateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−); or in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N2a	Metastasis in a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−)
	N2b	Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N2c	Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N3	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−); or metastasis in any node(s) and clinically overt ENE(+)
	N3a	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−)
	N3b	Metastasis in any node(s) and clinically overt ENE(+)
Note: A designation of "U" or "L" may be used for any N category to indicate metastasis above the lower border of the cricoid (U) or below the lower border of the cricoid (L). Similarly, clinical and pathological ENE should be recorded as ENE(−) or ENE(+).		

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.
	U	Metastasis above the lower border of the cricoid
	L	Metastasis below the lower border of the cricoid

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4.2.2 Pathological N (pN)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(−)
	N2	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(+); *or* larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−); *or* metastases in multiple ipsilateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−); *or* in bilateral or contralateral lymph node(s), none larger than 6 cm in greatest dimension and ENE(−)
	N2a	Metastasis in single ipsilateral node 3 cm or smaller in greatest dimension and ENE(+); *or* a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−)
	N2b	Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N2c	Metastases in bilateral or contralateral lymph node(s), none larger than 6 cm in greatest dimension and ENE(−)
	N3	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−); *or* in a single ipsilateral node larger than 3 cm in greatest dimension and ENE(+); *or* multiple ipsilateral, contralateral or bilateral nodes, any with ENE(+); *or* a single contralateral node of any size and ENE(+)
	N3a	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−)
	N3b	Metastasis in a single ipsilateral node larger than 3 cm in greatest dimension and ENE(+); *or* multiple ipsilateral, contralateral or bilateral nodes, any with ENE(+); *or* a single contralateral node of any size and ENE(+)
Note: A designation of "U" or "L" may be used for any N category to indicate metastasis above the lower border of the cricoid (U) or below the lower border of the cricoid (L). Similarly, clinical and pathological ENE should be recorded as ENE(−) or ENE(+).		

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.
	U	Metastasis above the lower border of the cricoid
	L	Metastasis below the lower border of the cricoid

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

5 Prognostic Factors Required for Stage Grouping

5.1 Definition of p16/HPV Status

✓	*p16/HPV Status*
	Negative (-)
	Not tested
	Positive (+) If positive, use staging form for HPV-Mediated (p16+) Oropharyngeal Cancer, Chapter 10.

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

6 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When p16/HPV Status is…*	*And T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Negative, not tested	Tis	N0	M0	0
	Negative, not tested	T1	N0	M0	I
	Negative, not tested	T2	N0	M0	II
	Negative, not tested	T3	N0	M0	III
	Negative, not tested	T1,T2,T3	N1	M0	III
	Negative, not tested	T4a	N0,N1	M0	IVA
	Negative, not tested	T1,T2,T3,T4a	N2	M0	IVA
	Negative, not tested	Any T	N3	M0	IVB
	Negative, not tested	T4b	Any N	M0	IVB
	Negative, not tested	Any T	Any N	M1	IVC

7 Registry Data Collection Variables

See chapter for more details on these variables.

1. ENE clinical (select one): ☐ Present/Positive (+) ☐ Absent/Negative (−)

2. ENE pathological (select one): ☐ Present/Positive (+) ☐ Absent/Negative (−)

3. Extent of microscopic ENE (distance of extension from the native lymph node capsule to the farthest point of invasion in the extranodal tissue):

4. Perineural invasion: ☐ Intratumoral: ☐ Focal ☐ Multifocal ☐ Extratumoral: ☐ Focal ☐ Multifocal

5. Lymphovascular invasion: ☐ Intratumoral: ☐ Focal ☐ Multifocal ☐ Extratumoral: ☐ Focal ☐ Multifocal

6. p16/HPV status: ☐ Positive (+) (Use AJCC Chapter 10 HPV-Mediated Oropharyngeal Cancer) ☐ Negative (−) (Use this chapter, AJCC Chapter 11 Oropharynx (p16-))

7. Performance status (0-5): _____

8. Tobacco use and pack-year: ☐ Never ☐ ≤ 10 pack-years ☐ > 10 but ≤ 20 pack-years ☐ > 20 pack-years

9. Alcohol use: Number of days drinking per week: _____ Number of drinks per day: _____

10. Depression diagnosis: ☐ Previously diagnosed ☐ Currently diagnosed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

8 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated
	G4	Undifferentiated

9 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

10 Anatomy

FIGURE 11.1. Sagittal view of the face and neck depicting the subdivisions of the pharynx.

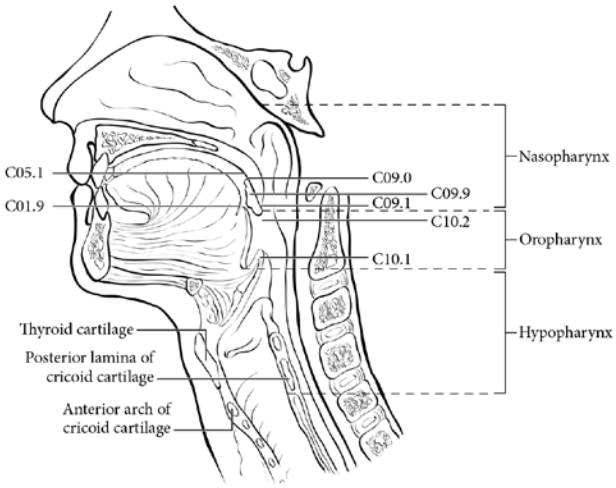
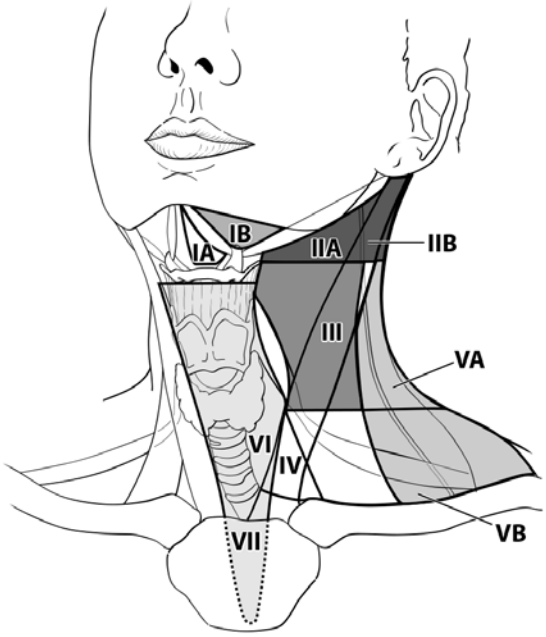


FIGURE 5.1. Schematic indicating the location of the lymph node levels in the neck.



Level	*Lymph Node Group Name*
IA	Submental
IB	Submandibular
IIA, IIB	Upper Jugular
III	Middle Jugular
IV	Lower Jugular
VA, VB	Posterior Triangle
VI	Anterior Compartment
VII	Superior Mediastinal

Physician Signature	Date/Time

Hospital Name/Address	**Patient Name/Information**

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	Tis	Carcinoma in situ
	T1	Tumor limited to one subsite of hypopharynx and/or 2 cm or smaller in greatest dimension
	T2	Tumor invades more than one subsite of hypopharynx or an adjacent site, or measures larger than 2 cm but not larger than 4 cm in greatest dimension without fixation of hemilarynx
	T3	Tumor larger than 4 cm in greatest dimension or with fixation of hemilarynx or extension to esophageal mucosa
	T4	Moderately advanced and very advanced local disease
	T4a	Moderately advanced local disease Tumor invades thyroid/cricoid cartilage, hyoid bone, thyroid gland, esophageal muscle or central compartment soft tissue*
	T4b	Very advanced local disease Tumor invades prevertebral fascia, encases carotid artery, or involves mediastinal structures
*Note: Central compartment soft tissue includes prelaryngeal strap muscles and subcutaneous fat.		

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

4.2.1 Clinical N (cN)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(−)
	N2	Metastasis in a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−); or metastases in multiple ipsilateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−); or in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N2a	Metastasis in a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−)
	N2b	Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N2c	Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N3	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−); or metastasis in any node(s) and clinically overt ENE(+)
	N3a	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−)
	N3b	Metastasis in any node(s) and clinically overt ENE(+)
Note: A designation of "U" or "L" may be used for any N category to indicate metastasis above the lower border of the cricoid (U) or below the lower border of the cricoid (L). Similarly, clinical and pathological ENE should be recorded as ENE(−) or ENE(+).		

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.
	U	Metastasis above the lower border of the cricoid
	L	Metastasis below the lower border of the cricoid

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4.2.2 Pathological N (pN)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(−)
	N2	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(+); *or* larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−); *or* metastases in multiple ipsilateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−); *or* in bilateral or contralateral lymph node(s), none larger than 6 cm in greatest dimension and ENE(−)
	N2a	Metastasis in single ipsilateral node 3 cm or smaller in greatest dimension and ENE(+); *or* a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−)
	N2b	Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N2c	Metastases in bilateral or contralateral lymph node(s), none larger than 6 cm in greatest dimension and ENE(−)
	N3	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−); *or* in a single ipsilateral node larger than 3 cm in greatest dimension and ENE(+); *or* multiple ipsilateral, contralateral or bilateral nodes, any with ENE(+); *or* a single contralateral node of any size and ENE(+)
	N3a	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−)
	N3b	Metastasis in a single ipsilateral node larger than 3 cm in greatest dimension and ENE(+); *or* multiple ipsilateral, contralateral or bilateral nodes, any with ENE(+); *or* a single contralateral node of any size and ENE(+)
Note: A designation of "U" or "L" may be used for any N category to indicate metastasis above the lower border of the cricoid (U) or below the lower border of the cricoid (L). Similarly, clinical and pathological ENE should be recorded as ENE(−) or ENE(+).		

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.
	U	Metastasis above the lower border of the cricoid
	L	Metastasis below the lower border of the cricoid

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Tis	N0	M0	0
	T1	N0	M0	I
	T2	N0	M0	II
	T3	N0	M0	III
	T1,T2,T3	N1	M0	III
	T4a	N0,N1	M0	IVA
	T1,T2,T3,T4a	N2	M0	IVA
	Any T	N3	M0	IVB
	T4b	Any N	M0	IVB
	Any T	Any N	M1	IVC

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. ENE clinical (select one): ☐ Present/Positive (+) ☐ Absent/Negative (−)

2. ENE pathological (select one): ☐ Present/Positive (+) ☐ Absent/Negative (−)

3. Extent of microscopic ENE (distance of extension from the native lymph node capsule to the farthest point of invasion in the extranodal tissue):

4. Perineural invasion: ☐ Intratumoral: ☐ Focal ☐ Multifocal ☐ Extratumoral: ☐ Focal ☐ Multifocal

5. Lymphovascular invasion: ☐ Intratumoral: ☐ Focal ☐ Multifocal ☐ Extratumoral: ☐ Focal ☐ Multifocal

8. Performance status (0-5): _____

9. Tobacco use and pack-year: ☐ Never ☐ ≤ 10 pack-years ☐ > 10 but ≤ 20 pack-years ☐ > 20 pack-years

10. Alcohol use: Number of days drinking per week: _____ Number of drinks per day: _____

11. Depression diagnosis: ☐ Previously diagnosed ☐ Currently diagnosed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated
	G4	Undifferentiated

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 11.1. Sagittal view of the face and neck depicting the subdivisions of the pharynx.

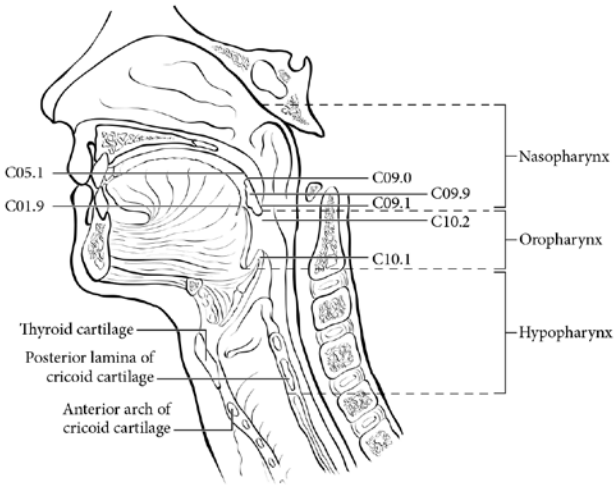
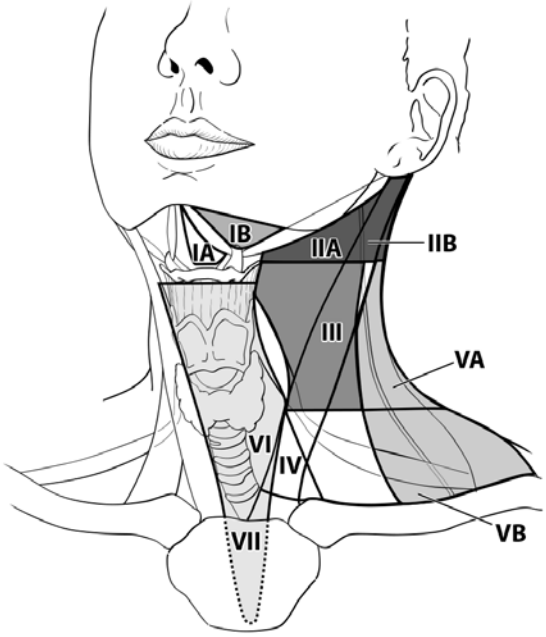


FIGURE 5.1. Schematic indicating the location of the lymph node levels in the neck.



Level	*Lymph Node Group Name*
IA	Submental
IB	Submandibular
IIA, IIB	Upper Jugular
III	Middle Jugular
IV	Lower Jugular
VA, VB	Posterior Triangle
VI	Anterior Compartment
VII	Superior Mediastinal

Physician Signature	Date/Time

Hospital Name/Address	**Patient Name/Information**

12. Nasal Cavity and Paranasal Sinuses

Maxillary Sinus, Nasal Cavity and Ethmoid Sinus each have different sections for Definition of Primary Tumor (T). It is for this reason that there are 2 separate staging forms for this chapter. Please choose the appropriate staging form based on primary site.

12.1 Maxillary Sinus

12.2 Nasal Cavity and Ethmoid Sinus

1 Terms of Use

The cancer staging form is a specific document in the patient record; it is not a substitute for documentation of history, physical examination, and staging evaluation, or for documenting treatment plans or follow-up. The staging forms available in conjunction with the *AJCC Cancer Staging Manual, Eighth Edition* may be used by individuals without permission from the ACS or the publisher. They cannot be sold, distributed, published, or incorporated into any software (including any electronic record systems), product, or publication without a written license agreement with ACS. The forms cannot be modified, changed, or updated without the express written permission of ACS.

2 Instructions

See Principles of Cancer Staging (Chapter 1) of the *AJCC Cancer Staging Manual, Eighth Edition* for complete staging rules. Always refer to the respective chapter in the Manual for disease-specific rules for classification, as this form is not representative of all rules, exceptions and instructions for this disease.

This form may be used by physicians to record data on T, N, and M categories; prognostic stage groups; additional prognostic factors; cancer grade; and other important information. This form may be useful for recording information in the medical record and for communicating information from physicians to the cancer registrar.

The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

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4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	Tis	Carcinoma *in situ*
	T1	Tumor limited to maxillary sinus mucosa with no erosion or destruction of bone
	T2	Tumor causing bone erosion or destruction including extension into the hard palate and/or middle nasal meatus, except extension to posterior wall of maxillary sinus and pterygoid plates
	T3	Tumor invades any of the following: bone of the posterior wall of maxillary sinus, subcutaneous tissues, floor or medial wall of orbit, pterygoid fossa, ethmoid sinuses
	T4	Moderately advanced or very advanced local disease
	T4a	Moderately advanced local disease Tumor invades anterior orbital contents, skin of cheek, pterygoid plates, infratemporal fossa, cribriform plate, sphenoid or frontal sinuses
	T4b	Very advanced local disease Tumor invades any of the following: orbital apex, dura, brain, middle cranial fossa, cranial nerves other than maxillary division of trigeminal nerve (V2), nasopharynx, or clivus

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

4.2.1 Clinical N (cN)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(−)
	N2	Metastasis in a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−); *or* metastases in multiple ipsilateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−); *or* in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N2a	Metastasis in a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−)
	N2b	Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N2c	Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N3	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−); *or* metastasis in any node(s) with clinically overt ENE(+)
	N3a	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−)
	N3b	Metastasis in any node(s) with clinically overt ENE (ENE_c)
Note: A designation of "U" or "L" may be used for any N category to indicate metastasis above the lower border of the cricoid (U) or below the lower border of the cricoid (L). Similarly, clinical and pathological ENE should be recorded as ENE(−) or ENE(+).		

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.
	U	Metastasis above the lower border of the cricoid
	L	Metastasis below the lower border of the cricoid

This form continues on the next page.

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4.2.2 Pathological N (pN)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(−)
	N2	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(+); *or* larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−); *or* metastases in multiple ipsilateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−); *or* in bilateral or contralateral lymph node(s), none larger than 6 cm in greatest dimension and ENE(−)
	N2a	Metastasis in single ipsilateral node 3 cm or less in greatest dimension and ENE(+); *or* a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−)
	N2b	Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N2c	Metastases in bilateral or contralateral lymph node(s), none larger than 6 cm in greatest dimension and ENE(−)
	N3	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−); *or* in a single ipsilateral node larger than 3 cm in greatest dimension and ENE(+); *or* multiple ipsilateral, contralateral or bilateral nodes, any with ENE(+); *or* a single contralateral node of any size and ENE(+)
	N3a	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−)
	N3b	Metastasis in a single ipsilateral node larger than 3 cm in greatest dimension and ENE(+); *or* multiple ipsilateral, contralateral or bilateral nodes, any with ENE(+); *or* a single contralateral node of any size and ENE(+)
Note: A designation of "U" or "L" may be used for any N category to indicate metastasis above the lower border of the cricoid (U) or below the lower border of the cricoid (L). Similarly, clinical and pathological ENE should be recorded as ENE(−) or ENE(+).		

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.
	U	Metastasis above the lower border of the cricoid
	L	Metastasis below the lower border of the cricoid

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Tis	N0	M0	0
	T1	N0	M0	I
	T2	N0	M0	II
	T3	N0	M0	III
	T1,T2,T3	N1	M0	III
	T4a	N0,N1	M0	IVA
	T1,T2,T3,T4a	N2	M0	IVA
	Any T	N3	M0	IVB
	T4b	Any N	M0	IVB
	Any T	Any N	M1	IVC

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. ENE clinical (select one): ☐ Present/Positive (+) ☐ Absent/Negative (−)

2. ENE pathological (select one): ☐ Present/Positive (+) ☐ Absent/Negative (−)

3. Extent of microscopic ENE (distance of extension from the native lymph node capsule to the farthest point of invasion in the extranodal tissue):

4. Perineural invasion: ☐ Intratumoral: ☐ Focal ☐ Multifocal ☐ Extratumoral: ☐ Focal ☐ Multifocal

5. Lymphovascular invasion: ☐ Intratumoral: ☐ Focal ☐ Multifocal ☐ Extratumoral: ☐ Focal ☐ Multifocal

6. Performance status (0-5): _____

7. Tobacco use and pack-year: ☐ Never ☐ ≤ 10 pack-years ☐ > 10 but ≤ 20 pack-years ☐ > 20 pack-years

8. Alcohol use: Number of days drinking per week: _____ Number of drinks per day: _____

9. Depression diagnosis: ☐ Previously diagnosed ☐ Currently diagnosed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 12.1. Primary sites of the paranasal sinuses.

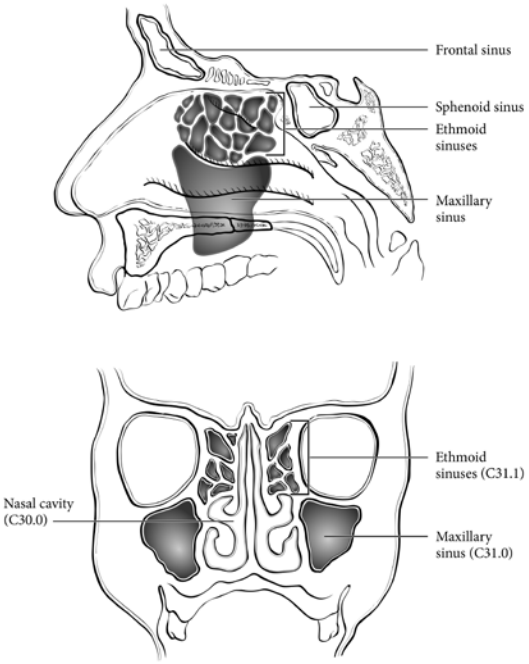
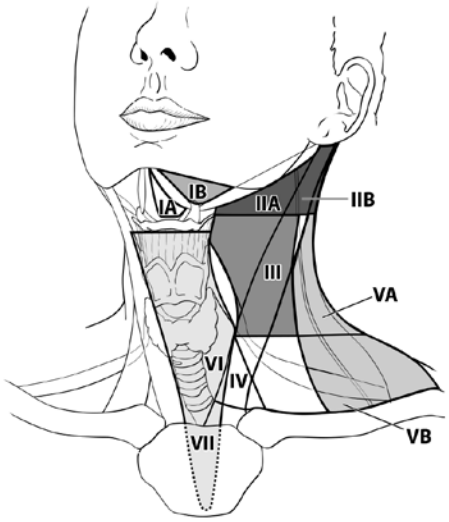


FIGURE 5.1. Schematic indicating the location of the lymph node levels in the neck.



Level	*Lymph Node Group Name*
IA	Submental
IB	Submandibular
IIA, IIB	Upper Jugular
III	Middle Jugular
IV	Lower Jugular
VA, VB	Posterior Triangle
VI	Anterior Compartment
VII	Superior Mediastinal

Physician Signature	Date/Time

Hospital Name/Address	**Patient Name/Information**

1 Terms of Use

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2 Instructions

See Principles of Cancer Staging (Chapter 1) of the *AJCC Cancer Staging Manual, Eighth Edition* for complete staging rules. Always refer to the respective chapter in the Manual for disease-specific rules for classification, as this form is not representative of all rules, exceptions and instructions for this disease.

This form may be used by physicians to record data on T, N, and M categories; prognostic stage groups; additional prognostic factors; cancer grade; and other important information. This form may be useful for recording information in the medical record and for communicating information from physicians to the cancer registrar.

The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	Tis	Carcinoma *in situ*
	T1	Tumor restricted to any one subsite, with or without bony invasion
	T2	Tumor invading two subsites in a single region or extending to involve an adjacent region within the nasoethmoidal complex, with or without bony invasion
	T3	Tumor extends to invade the medial wall or floor of the orbit, maxillary sinus, palate, or cribriform plate
	T4	Moderately advanced or very advanced local disease
	T4a	Moderately advanced local disease Tumor invades any of the following: anterior orbital contents, skin of nose or cheek, minimal extension to anterior cranial fossa, pterygoid plates, sphenoid or frontal sinuses
	T4b	Very advanced local disease Tumor invades any of the following: orbital apex, dura, brain, middle cranial fossa, cranial nerves other than (V2), nasopharynx, or clivus

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

4.2.1 Clinical N (cN)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(−)
	N2	Metastasis in a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−); *or* metastases in multiple ipsilateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−); *or* in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N2a	Metastasis in a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−)
	N2b	Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N2c	Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N3	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−); *or* metastasis in any node(s) with clinically overt ENE(+)
	N3a	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−)
	N3b	Metastasis in any node(s) with clinically overt ENE (ENE_c)
Note: A designation of "U" or "L" may be used for any N category to indicate metastasis above the lower border of the cricoid (U) or below the lower border of the cricoid (L). Similarly, clinical and pathological ENE should be recorded as ENE(−) or ENE(+).		

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.
	U	Metastasis above the lower border of the cricoid
	L	Metastasis below the lower border of the cricoid

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4.2.2 Pathological N (pN)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(−)
	N2	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(+); *or* larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−); *or* metastases in multiple ipsilateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−); *or* in bilateral or contralateral lymph node(s), none larger than 6 cm in greatest dimension and ENE(−)
	N2a	Metastasis in single ipsilateral node 3 cm or less in greatest dimension and ENE(+); *or* a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−)
	N2b	Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N2c	Metastases in bilateral or contralateral lymph node(s), none larger than 6 cm in greatest dimension and ENE(−)
	N3	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−); *or* in a single ipsilateral node larger than 3 cm in greatest dimension and ENE(+); *or* multiple ipsilateral, contralateral or bilateral nodes, any with ENE(+); *or* a single contralateral node of any size and ENE(+)
	N3a	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−)
	N3b	Metastasis in a single ipsilateral node larger than 3 cm in greatest dimension and ENE(+); *or* multiple ipsilateral, contralateral or bilateral nodes, any with ENE(+); *or* a single contralateral node of any size and ENE(+)
Note: A designation of "U" or "L" may be used for any N category to indicate metastasis above the lower border of the cricoid (U) or below the lower border of the cricoid (L). Similarly, clinical and pathological ENE should be recorded as ENE(−) or ENE(+).		

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.
	U	Metastasis above the lower border of the cricoid
	L	Metastasis below the lower border of the cricoid

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Tis	N0	M0	0
	T1	N0	M0	I
	T2	N0	M0	II
	T3	N0	M0	III
	T1,T2,T3	N1	M0	III
	T4a	N0,N1	M0	IVA
	T1,T2,T3,T4a	N2	M0	IVA
	Any T	N3	M0	IVB
	T4b	Any N	M0	IVB
	Any T	Any N	M1	IVC

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. ENE clinical (select one): ☐ Present/Positive (+) ☐ Absent/Negative (−)

2. ENE pathological (select one): ☐ Present/Positive (+) ☐ Absent/Negative (−)

3. Extent of microscopic ENE (distance of extension from the native lymph node capsule to the farthest point of invasion in the extranodal tissue):

4. Perineural invasion: ☐ Intratumoral: ☐ Focal ☐ Multifocal ☐ Extratumoral: ☐ Focal ☐ Multifocal

5. Lymphovascular invasion: ☐ Intratumoral: ☐ Focal ☐ Multifocal ☐ Extratumoral: ☐ Focal ☐ Multifocal

6. Performance status (0-5): _____

7. Tobacco use and pack-year: ☐ Never ☐ ≤ 10 pack-years ☐ > 10 but ≤ 20 pack-years ☐ > 20 pack-years

8. Alcohol use: Number of days drinking per week: _____ Number of drinks per day: _____

9. Depression diagnosis: ☐ Previously diagnosed ☐ Currently diagnosed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 12.1. Primary sites of the paranasal sinuses.

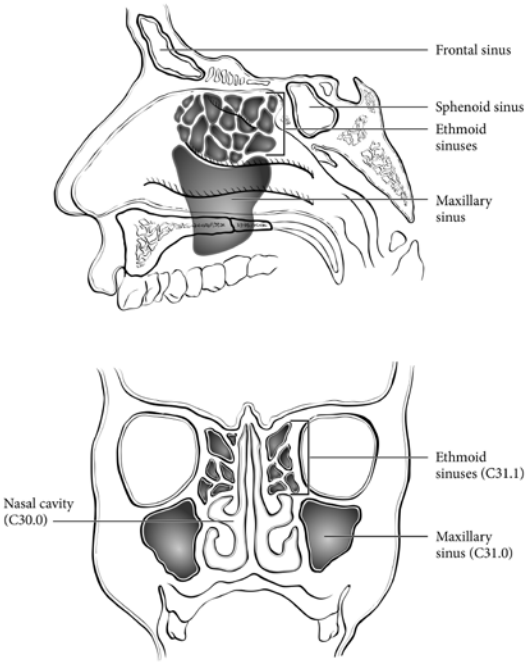
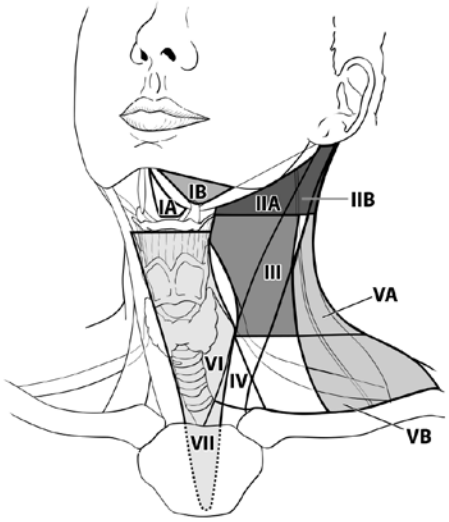


FIGURE 5.1. Schematic indicating the location of the lymph node levels in the neck.



Level	*Lymph Node Group Name*
IA	Submental
IB	Submandibular
IIA, IIB	Upper Jugular
III	Middle Jugular
IV	Lower Jugular
VA, VB	Posterior Triangle
VI	Anterior Compartment
VII	Superior Mediastinal

Physician Signature	Date/Time

Hospital Name/Address	**Patient Name/Information**

13. Larynx

Supraglottis, Glottis, and Subglottis each have different sections for Definition of Primary Tumor (T). It is for this reason that there are 3 separate staging forms for this chapter. Please choose the appropriate staging form based on primary site.

13.1 Larynx: Supraglottis

13.2 Larynx: Glottis

13.3 Larynx: Subglottis

1 Terms of Use

The cancer staging form is a specific document in the patient record; it is not a substitute for documentation of history, physical examination, and staging evaluation, or for documenting treatment plans or follow-up. The staging forms available in conjunction with the *AJCC Cancer Staging Manual, Eighth Edition* may be used by individuals without permission from the ACS or the publisher. They cannot be sold, distributed, published, or incorporated into any software (including any electronic record systems), product, or publication without a written license agreement with ACS. The forms cannot be modified, changed, or updated without the express written permission of ACS.

2 Instructions

See Principles of Cancer Staging (Chapter 1) of the *AJCC Cancer Staging Manual, Eighth Edition* for complete staging rules. Always refer to the respective chapter in the Manual for disease-specific rules for classification, as this form is not representative of all rules, exceptions and instructions for this disease.

This form may be used by physicians to record data on T, N, and M categories; prognostic stage groups; additional prognostic factors; cancer grade; and other important information. This form may be useful for recording information in the medical record and for communicating information from physicians to the cancer registrar.

The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	Tis	Carcinoma *in situ*
	T1	Tumor limited to one subsite of supraglottis with normal vocal cord mobility
	T2	Tumor invades mucosa of more than one adjacent subsite of supraglottis or glottis or region outside the supraglottis (e.g., mucosa of base of tongue, vallecula, medial wall of pyriform sinus) without fixation of the larynx
	T3	Tumor limited to larynx with vocal cord fixation and/or invades any of the following: postcricoid area, preepiglottic space, paraglottic space, and/or inner cortex of thyroid cartilage
	T4	Moderately advanced or very advanced
	T4a	Moderately advanced local disease Tumor invades through the outer cortex of the thyroid cartilage and/or invades tissues beyond the larynx (e.g., trachea, soft tissues of neck including deep extrinsic muscle of the tongue, strap muscles, thyroid, or esophagus)
	T4b	Very advanced local disease Tumor invades prevertebral space, encases carotid artery, or invades mediastinal structures

4.2 Definition of Regional Lymph Node (N)

4.2.1 Clinical N (cN)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(−)
	N2	Metastasis in a single ipsilateral node, larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−); *or* metastases in multiple ipsilateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−); *or* metastasis in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N2a	Metastasis in a single ipsilateral node, larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−)
	N2b	Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N2c	Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N3	Metastasis in a lymph node, larger than 6 cm in greatest dimension and ENE(−); *or* metastasis in any lymph node(s) with clinically overt ENE(+)
	N3a	Metastasis in a lymph node, larger than 6 cm in greatest dimension and ENE(−)
	N3b	Metastasis in any lymph node(s) with clinically overt ENE(+)
Note: A designation of "U" or "L" may be used for any N category to indicate metastasis above the lower border of the cricoid (U) or below the lower border of the cricoid (L). Similarly, clinical and pathological ENE should be recorded as ENE(−) or ENE(+).		

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.
	U	Metastasis above the lower border of the cricoid
	L	Metastasis below the lower border of the cricoid

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4.2.2 Pathological N (pN)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(−)
	N2	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(+); *or* larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−); *or* metastases in multiple ipsilateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−); *or* metastasis in bilateral or contralateral lymph node(s), none larger than 6 cm in greatest dimension and ENE(−)
	N2a	Metastasis in a single ipsilateral node, 3 cm or smaller in greatest dimension and ENE(+); *or* metastasis in a single ipsilateral node, larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−)
	N2b	Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N2c	Metastases in bilateral or contralateral lymph node(s), none larger than 6 cm in greatest dimension and ENE(−)
	N3	Metastasis in a lymph node, larger than 6 cm in greatest dimension and ENE(−); *or* metastasis in a single ipsilateral node, larger than 3 cm in greatest dimension and ENE(+); *or* multiple ipsilateral, contralateral, or bilateral lymph nodes any with ENE(+); *or* a single contralateral node of any size and ENE(+)
	N3a	Metastasis in a lymph node, larger than 6 cm in greatest dimension and ENE(−)
	N3b	Metastasis in a single ipsilateral node, larger than 3 cm in greatest dimension and ENE(+); *or* multiple ipsilateral, contralateral, or bilateral lymph nodes any with ENE(+); *or* a single contralateral node of any size and ENE(+)
Note: A designation of "U" or "L" may be used for any N category to indicate metastasis above the lower border of the cricoid (U) or below the lower border of the cricoid (L). Similarly, clinical and pathological ENE should be recorded as ENE(−) or ENE(+).		

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.
	U	Metastasis above the lower border of the cricoid
	L	Metastasis below the lower border of the cricoid

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Tis	N0	M0	0
	T1	N0	M0	I
	T2	N0	M0	II
	T3	N0	M0	III
	T1, T2, T3	N1	M0	III
	T4a	N0, N1	M0	IVA
	T1, T2, T3, T4a	N2	M0	IVA
	Any T	N3	M0	IVB
	T4b	Any N	M0	IVB
	Any T	Any N	M1	IVC

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. ENE clinical (select one): ☐ Present/Positive (+) ☐ Absent/Negative (−)

2. ENE pathological (select one): ☐ Present/Positive (+) ☐ Absent/Negative (−)

3. Extent of microscopic ENE (distance of extension from the native lymph node capsule to the farthest point of invasion in the extranodal tissue):

4. Perineural invasion: ☐ Intratumoral: ☐ Focal ☐ Multifocal ☐ Extratumoral: ☐ Focal ☐ Multifocal

5. Lymphovascular invasion: ☐ Intratumoral: ☐ Focal ☐ Multifocal ☐ Extratumoral: ☐ Focal ☐ Multifocal

6. Performance status (0-5): _____

7. Tobacco use and pack-year: ☐ Never ☐ ≤ 10 pack-years ☐ > 10 but ≤ 20 pack-years ☐ > 20 pack-years

8. Alcohol use: Number of days drinking per week: _____ Number of drinks per day: _____

9. Depression diagnosis: ☐ Previously diagnosed ☐ Currently diagnosed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 13.1. Anatomical sites and subsites of the three regions of the larynx: supraglottis, glottis, and subglottis. Supraglottis (C32.1) subsites include suprahyoid epiglottis (i), aryepiglottic fold, laryngeal aspect (ii), infrahyoid epiglottis (iv), and ventricular bands or false cords (v).

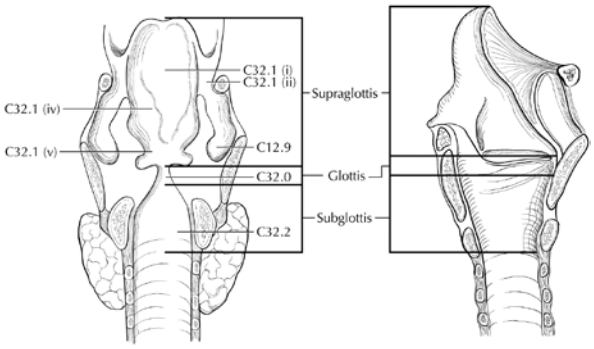
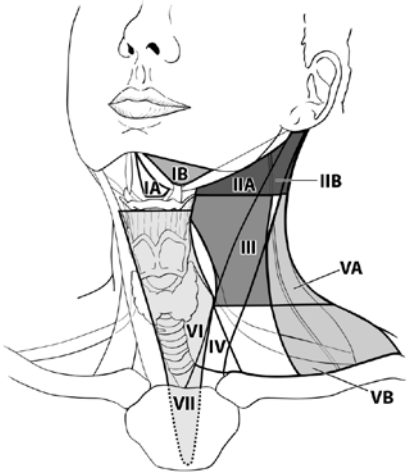


FIGURE 13.2. Anatomical sites and subsites of the supraglottis and glottis. Supraglottis (C32.1) subsites include suprahyoid epiglottis (i), aryepiglottic fold, laryngeal aspect (ii), arytenoids (iii), and ventricular bands or false cords (v). Glottis (C32.0) subsites include vocal cords (i), anterior commissure (ii), and posterior commissure (iii).

FIGURE 5.1. Schematic indicating the location of the lymph node levels in the neck.



Level	*Lymph Node Group Name*
IA	Submental
IB	Submandibular
IIA, IIB	Upper Jugular
III	Middle Jugular
IV	Lower Jugular
VA, VB	Posterior Triangle
VI	Anterior Compartment
VII	Superior Mediastinal

Physician Signature	Date/Time

Hospital Name/Address	**Patient Name/Information**

1 Terms of Use

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2 Instructions

See Principles of Cancer Staging (Chapter 1) of the *AJCC Cancer Staging Manual, Eighth Edition* for complete staging rules. Always refer to the respective chapter in the Manual for disease-specific rules for classification, as this form is not representative of all rules, exceptions and instructions for this disease.

This form may be used by physicians to record data on T, N, and M categories; prognostic stage groups; additional prognostic factors; cancer grade; and other important information. This form may be useful for recording information in the medical record and for communicating information from physicians to the cancer registrar.

The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	Tis	Carcinoma *in situ*
	T1	Tumor limited to the vocal cord(s) (may involve anterior or posterior commissure) with normal mobility
	T1a	Tumor limited to one vocal cord
	T1b	Tumor involves both vocal cords
	T2	Tumor extends to supraglottis and/or subglottis, and/or with impaired vocal cord mobility
	T3	Tumor limited to the larynx with vocal cord fixation and/or invasion of paraglottic space and/or inner cortex of the thyroid cartilage
	T4	Moderately advanced or very advanced
	T4a	Moderately advanced local disease Tumor invades through the outer cortex of the thyroid cartilage and/or invades tissues beyond the larynx (e.g., trachea, cricoid cartilage, soft tissues of neck including deep extrinsic muscle of the tongue, strap muscles, thyroid, or esophagus)
	T4b	Very advanced local disease Tumor invades prevertebral space, encases carotid artery, or invades mediastinal structures

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

4.2.1 Clinical N (cN)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(−)
	N2	Metastasis in a single ipsilateral node, larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−); *or* metastases in multiple ipsilateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−); *or* metastasis in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N2a	Metastasis in a single ipsilateral node, larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−)
	N2b	Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N2c	Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N3	Metastasis in a lymph node, larger than 6 cm in greatest dimension and ENE(−); *or* metastasis in any lymph node(s) with clinically overt ENE(+)
	N3a	Metastasis in a lymph node, larger than 6 cm in greatest dimension and ENE(−)
	N3b	Metastasis in any lymph node(s) with clinically overt ENE(+)
Note: A designation of "U" or "L" may be used for any N category to indicate metastasis above the lower border of the cricoid (U) or below the lower border of the cricoid (L). Similarly, clinical and pathological ENE should be recorded as ENE(−) or ENE(+).		

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.
	U	Metastasis above the lower border of the cricoid
	L	Metastasis below the lower border of the cricoid

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4.2.2 Pathological N (pN)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(−)
	N2	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(+); *or* larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−); *or* metastases in multiple ipsilateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−); *or* metastasis in bilateral or contralateral lymph node(s), none larger than 6 cm in greatest dimension and ENE(−)
	N2a	Metastasis in a single ipsilateral node, 3 cm or smaller in greatest dimension and ENE(+); *or* metastasis in a single ipsilateral node, larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−)
	N2b	Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N2c	Metastases in bilateral or contralateral lymph node(s), none larger than 6 cm in greatest dimension and ENE(−)
	N3	Metastasis in a lymph node, larger than 6 cm in greatest dimension and ENE(−); *or* metastasis in a single ipsilateral node, larger than 3 cm in greatest dimension and ENE(+); *or* multiple ipsilateral, contralateral, or bilateral lymph nodes any with ENE(+); *or* a single contralateral node of any size and ENE(+)
	N3a	Metastasis in a lymph node, larger than 6 cm in greatest dimension and ENE(−)
	N3b	Metastasis in a single ipsilateral node, larger than 3 cm in greatest dimension and ENE(+); *or* multiple ipsilateral, contralateral, or bilateral lymph nodes any with ENE(+); *or* a single contralateral node of any size and ENE(+)
Note: A designation of "U" or "L" may be used for any N category to indicate metastasis above the lower border of the cricoid (U) or below the lower border of the cricoid (L). Similarly, clinical and pathological ENE should be recorded as ENE(−) or ENE(+).		

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.
	U	Metastasis above the lower border of the cricoid
	L	Metastasis below the lower border of the cricoid

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Tis	N0	M0	0
	T1	N0	M0	I
	T2	N0	M0	II
	T3	N0	M0	III
	T1, T2, T3	N1	M0	III
	T4a	N0, N1	M0	IVA
	T1, T2, T3, T4a	N2	M0	IVA
	Any T	N3	M0	IVB
	T4b	Any N	M0	IVB
	Any T	Any N	M1	IVC

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. ENE clinical (select one): ☐ Present/Positive (+) ☐ Absent/Negative (−)

2. ENE pathological (select one): ☐ Present/Positive (+) ☐ Absent/Negative (−)

3. Extent of microscopic ENE (distance of extension from the native lymph node capsule to the farthest point of invasion in the extranodal tissue):

4. Perineural invasion: ☐ Intratumoral: ☐ Focal ☐ Multifocal ☐ Extratumoral: ☐ Focal ☐ Multifocal

5. Lymphovascular invasion: ☐ Intratumoral: ☐ Focal ☐ Multifocal ☐ Extratumoral: ☐ Focal ☐ Multifocal

6. Performance status (0-5): _____

7. Tobacco use and pack-year: ☐ Never ☐ ≤ 10 pack-years ☐ > 10 but ≤ 20 pack-years ☐ > 20 pack-years

8. Alcohol use: Number of days drinking per week: _____ Number of drinks per day: _____

9. Depression diagnosis: ☐ Previously diagnosed ☐ Currently diagnosed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 13.1. Anatomical sites and subsites of the three regions of the larynx: supraglottis, glottis, and subglottis. Supraglottis (C32.1) subsites include suprahyoid epiglottis (i), aryepiglottic fold, laryngeal aspect (ii), infrahyoid epiglottis (iv), and ventricular bands or false cords (v).

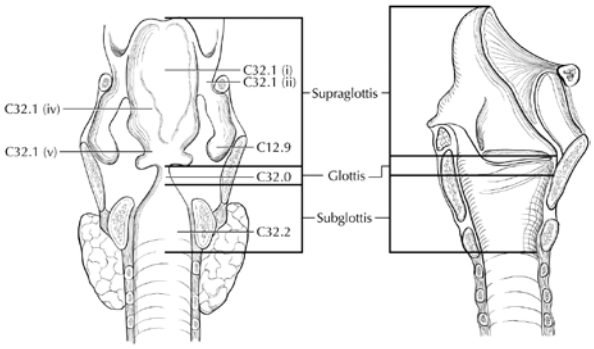
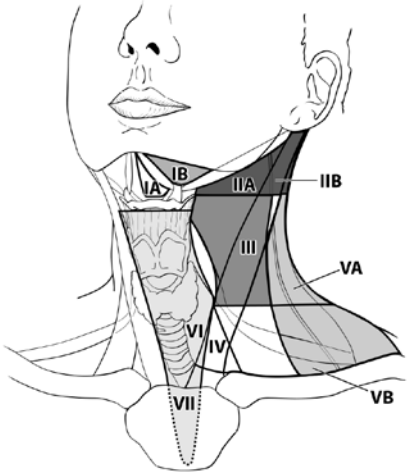


FIGURE 13.2. Anatomical sites and subsites of the supraglottis and glottis. Supraglottis (C32.1) subsites include suprahyoid epiglottis (i), aryepiglottic fold, laryngeal aspect (ii), arytenoids (iii), and ventricular bands or false cords (v). Glottis (C32.0) subsites include vocal cords (i), anterior commissure (ii), and posterior commissure (iii).

FIGURE 5.1. Schematic indicating the location of the lymph node levels in the neck.



Level	*Lymph Node Group Name*
IA	Submental
IB	Submandibular
IIA, IIB	Upper Jugular
III	Middle Jugular
IV	Lower Jugular
VA, VB	Posterior Triangle
VI	Anterior Compartment
VII	Superior Mediastinal

Physician Signature	Date/Time

Hospital Name/Address	**Patient Name/Information**

1 Terms of Use

The cancer staging form is a specific document in the patient record; it is not a substitute for documentation of history, physical examination, and staging evaluation, or for documenting treatment plans or follow-up. The staging forms available in conjunction with the *AJCC Cancer Staging Manual, Eighth Edition* may be used by individuals without permission from the ACS or the publisher. They cannot be sold, distributed, published, or incorporated into any software (including any electronic record systems), product, or publication without a written license agreement with ACS. The forms cannot be modified, changed, or updated without the express written permission of ACS.

2 Instructions

See Principles of Cancer Staging (Chapter 1) of the *AJCC Cancer Staging Manual, Eighth Edition* for complete staging rules. Always refer to the respective chapter in the Manual for disease-specific rules for classification, as this form is not representative of all rules, exceptions and instructions for this disease.

This form may be used by physicians to record data on T, N, and M categories; prognostic stage groups; additional prognostic factors; cancer grade; and other important information. This form may be useful for recording information in the medical record and for communicating information from physicians to the cancer registrar.

The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	Tis	Carcinoma *in situ*
	T1	Tumor limited to the subglottis
	T2	Tumor extends to vocal cord(s) with normal or impaired mobility
	T3	Tumor limited to larynx with vocal cord fixation and/or invasion of paraglottic space and/or inner cortex of the thyroid cartilage
	T4	Moderately advanced or very advanced
	T4a	Moderately advanced local disease Tumor invades cricoid or thyroid cartilage and/or invades tissues beyond the larynx (e.g., trachea, soft tissues of neck including deep extrinsic muscles of the tongue, strap muscles, thyroid, or esophagus)
	T4b	Very advanced local disease Tumor invades prevertebral space, encases carotid artery, or invades mediastinal structures

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

4.2.1 Clinical N (cN)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(−)
	N2	Metastasis in a single ipsilateral node, larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−); *or* metastases in multiple ipsilateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−); *or* metastasis in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N2a	Metastasis in a single ipsilateral node, larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−)
	N2b	Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N2c	Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N3	Metastasis in a lymph node, larger than 6 cm in greatest dimension and ENE(−); *or* metastasis in any lymph node(s) with clinically overt ENE(+)
	N3a	Metastasis in a lymph node, larger than 6 cm in greatest dimension and ENE(−)
	N3b	Metastasis in any lymph node(s) with clinically overt ENE(+)
Note: A designation of "U" or "L" may be used for any N category to indicate metastasis above the lower border of the cricoid (U) or below the lower border of the cricoid (L). Similarly, clinical and pathological ENE should be recorded as ENE(−) or ENE(+).		

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.
	U	Metastasis above the lower border of the cricoid
	L	Metastasis below the lower border of the cricoid

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4.2.2 Pathological N (pN)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(−)
	N2	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(+); *or* larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−); *or* metastases in multiple ipsilateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−); *or* metastasis in bilateral or contralateral lymph node(s), none larger than 6 cm in greatest dimension and ENE(−)
	N2a	Metastasis in a single ipsilateral node, 3 cm or smaller in greatest dimension and ENE(+); *or* metastasis in a single ipsilateral node, larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−)
	N2b	Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N2c	Metastases in bilateral or contralateral lymph node(s), none larger than 6 cm in greatest dimension and ENE(−)
	N3	Metastasis in a lymph node, larger than 6 cm in greatest dimension and ENE(−); *or* metastasis in a single ipsilateral node, larger than 3 cm in greatest dimension and ENE(+); *or* multiple ipsilateral, contralateral, or bilateral lymph nodes any with ENE(+); *or* a single contralateral node of any size and ENE(+)
	N3a	Metastasis in a lymph node, larger than 6 cm in greatest dimension and ENE(−)
	N3b	Metastasis in a single ipsilateral node, larger than 3 cm in greatest dimension and ENE(+); *or* multiple ipsilateral, contralateral, or bilateral lymph nodes any with ENE(+); *or* a single contralateral node of any size and ENE(+)
Note: A designation of "U" or "L" may be used for any N category to indicate metastasis above the lower border of the cricoid (U) or below the lower border of the cricoid (L). Similarly, clinical and pathological ENE should be recorded as ENE(−) or ENE(+).		

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.
	U	Metastasis above the lower border of the cricoid
	L	Metastasis below the lower border of the cricoid

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Tis	N0	M0	0
	T1	N0	M0	I
	T2	N0	M0	II
	T3	N0	M0	III
	T1, T2, T3	N1	M0	III
	T4a	N0, N1	M0	IVA
	T1, T2, T3, T4a	N2	M0	IVA
	Any T	N3	M0	IVB
	T4b	Any N	M0	IVB
	Any T	Any N	M1	IVC

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. ENE clinical (select one): ☐ Present/Positive (+) ☐ Absent/Negative (−)

2. ENE pathological (select one): ☐ Present/Positive (+) ☐ Absent/Negative (−)

3. Extent of microscopic ENE (distance of extension from the native lymph node capsule to the farthest point of invasion in the extranodal tissue):

4. Perineural invasion: ☐ Intratumoral: ☐ Focal ☐ Multifocal ☐ Extratumoral: ☐ Focal ☐ Multifocal

5. Lymphovascular invasion: ☐ Intratumoral: ☐ Focal ☐ Multifocal ☐ Extratumoral: ☐ Focal ☐ Multifocal

6. Performance status (0-5): _____

7. Tobacco use and pack-year: ☐ Never ☐ ≤ 10 pack-years ☐ > 10 but ≤ 20 pack-years ☐ > 20 pack-years

8. Alcohol use: Number of days drinking per week: _____ Number of drinks per day: _____

9. Depression diagnosis: ☐ Previously diagnosed ☐ Currently diagnosed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

7 Histologic Grade (G)

✓	G	G Definition
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated

8 Lymphovascular Invasion (LVI)

✓	Component of LVI Coding	Description
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

9 Anatomy

FIGURE 13.1. Anatomical sites and subsites of the three regions of the larynx: supraglottis, glottis, and subglottis. Supraglottis (C32.1) subsites include suprahyoid epiglottis (i), aryepiglottic fold, laryngeal aspect (ii), infrahyoid epiglottis (iv), and ventricular bands or false cords (v).

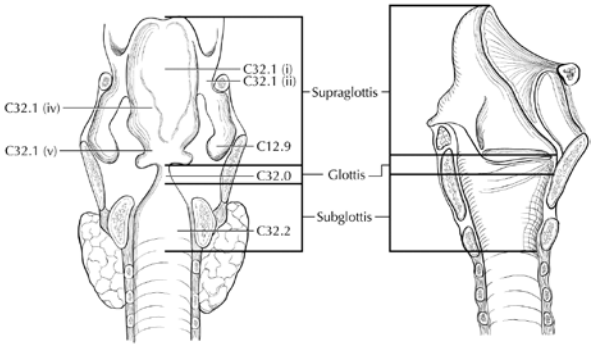
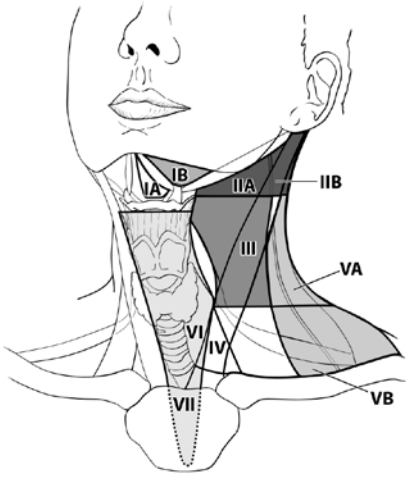


FIGURE 5.1. Schematic indicating the location of the lymph node levels in the neck.



Level	Lymph Node Group Name
IA	Submental
IB	Submandibular
IIA, IIB	Upper Jugular
III	Middle Jugular
IV	Lower Jugular
VA, VB	Posterior Triangle
VI	Anterior Compartment
VII	Superior Mediastinal

Physician Signature Date/Time

Hospital Name/Address	Patient Name/Information

1 Terms of Use

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2 Instructions

See Principles of Cancer Staging (Chapter 1) of the *AJCC Cancer Staging Manual, Eighth Edition* for complete staging rules. Always refer to the respective chapter in the Manual for disease-specific rules for classification, as this form is not representative of all rules, exceptions and instructions for this disease.

This form may be used by physicians to record data on T, N, and M categories; prognostic stage groups; additional prognostic factors; cancer grade; and other important information. This form may be useful for recording information in the medical record and for communicating information from physicians to the cancer registrar.

The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	T3	Tumors limited to the mucosa and immediately underlying soft tissue, regardless of thickness or greatest dimension; for example, polypoid nasal disease, pigmented or nonpigmented lesions of the oral cavity, pharynx, or larynx
	T4	Moderately advanced or very advanced disease
	T4a	Moderately advanced disease Tumor involving deep soft tissue, cartilage, bone, or overlying skin
	T4b	Very advanced disease Tumor involving brain, dura, skull base, lower cranial nerves (IX, X, XI, XII), masticator space, carotid artery, prevertebral space, or mediastinal structures

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastases
	N1	Regional lymph node metastases present

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

5 AJCC Prognostic Stage Groups

There is no prognostic stage grouping proposed at this time.

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

6 Registry Data Collection Variables

See chapter for more information on these variables.

1. Size of lymph nodes:

2. Extracapsular extension from lymph node for head and neck:

3. Head and neck lymph nodes levels: ☐ Levels I–III

4. Head and neck lymph nodes levels: ☐ Levels IV–V

5. Head and neck lymph nodes levels: ☐ Levels VI–VII

6. Other lymph node group:

7. Clinical location of cervical nodes:

8. ENE clinical (select one): ☐ Present/Positive (+)
☐ Absent/Negative (−)

9. ENE pathological (select one): ☐ Present/Positive (+)
☐ Absent/Negative (−)

10. Tumor thickness:

7 Histologic Grade (G)

There is no recommended histologic grading system at this time.

8 Lymphovascular Invasion (LVI)

✓	***Component of LVI Coding***	***Description***
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 14.2. T3 is defined as mucosal disease. Involvement of the lateral wall nasal cavity, inferior turbinate is illustrated, as well as septum, hard palate, ethmoid, and nasal vestibule.

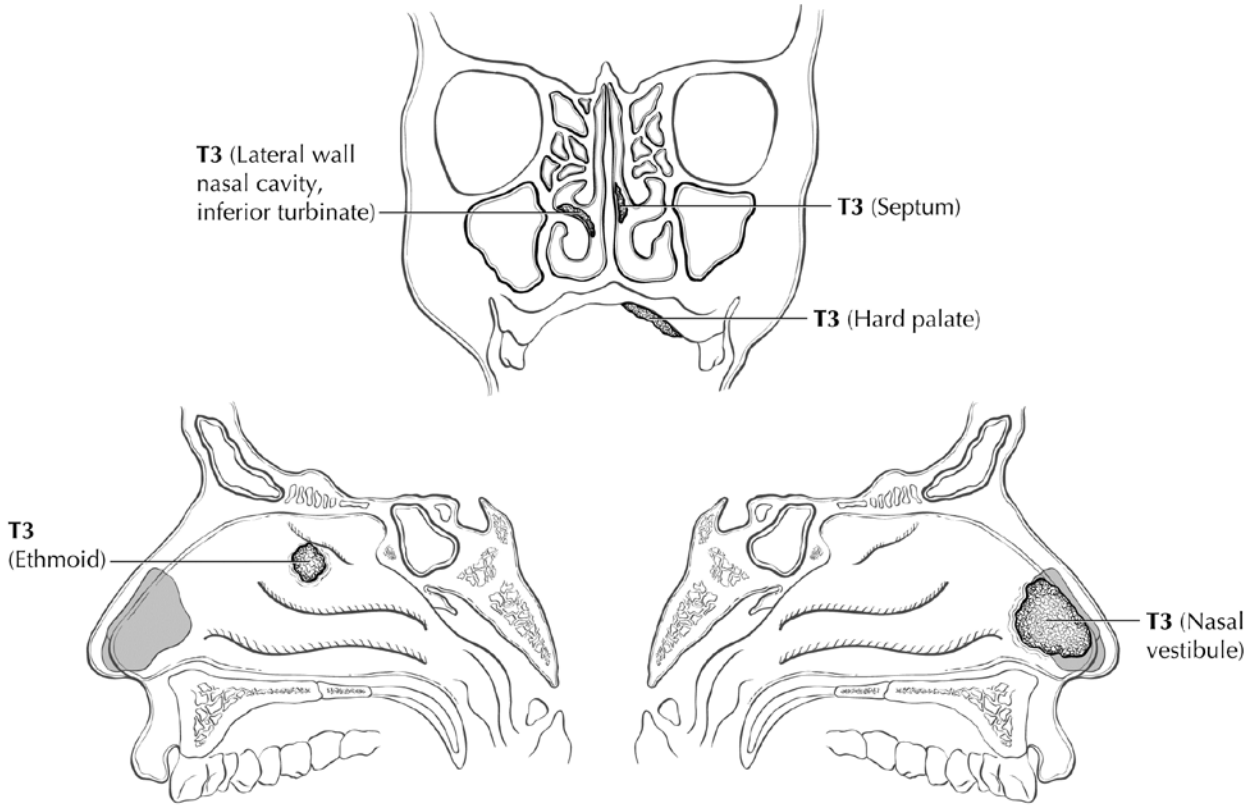
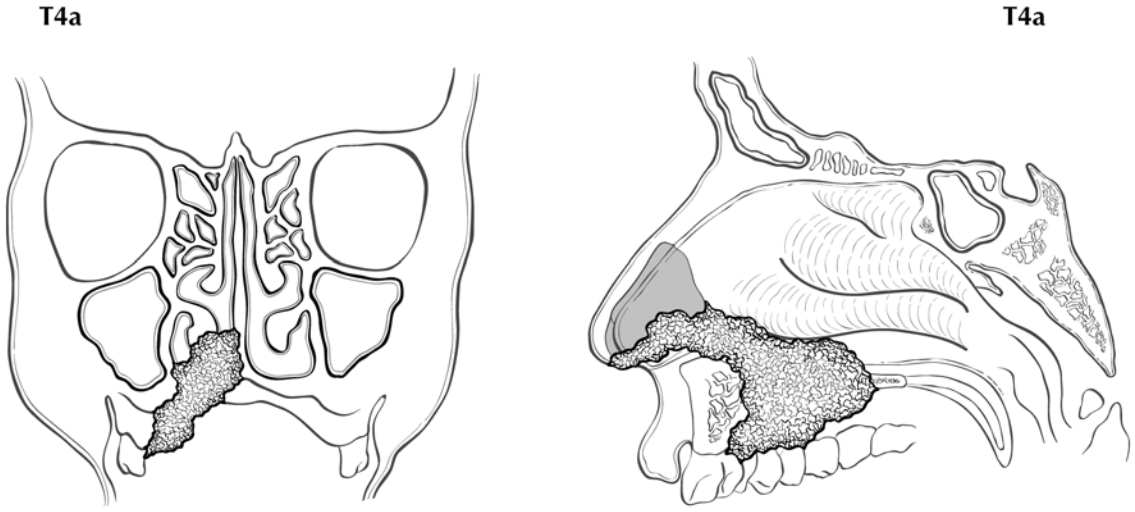


FIGURE 14.3. T4a is defined as moderately advanced disease, with tumor involving deep soft tissue, cartilage, bone, or overlying skin.



Hospital Name/Address	Patient Name/Information

FIGURE 14.4. T4b is defined as very advanced disease, with tumor involving the brain as illustrated, or also involving dura, lower cranial nerves (IX, X, XI, XII), masticator space, carotid artery, prevertebral space, or mediastinal structures.

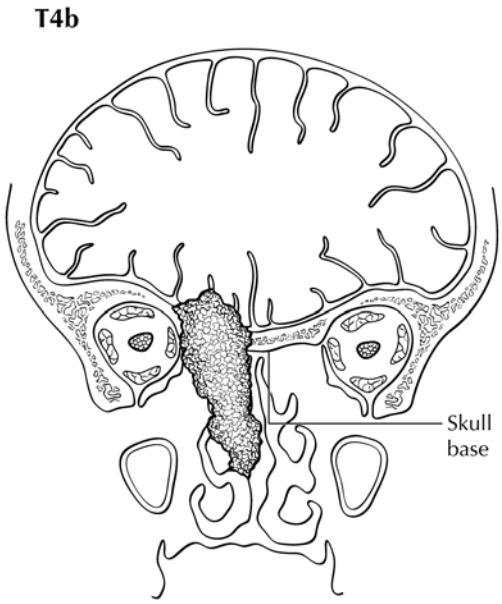
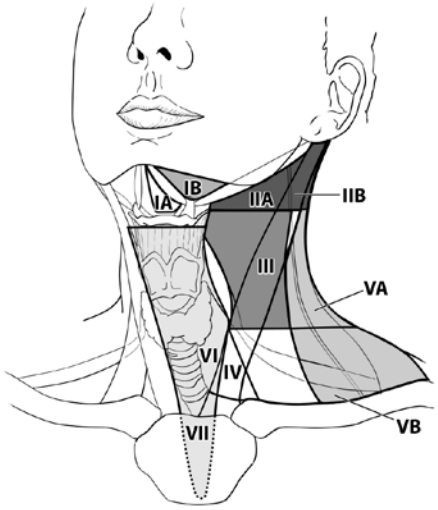


FIGURE 5.1. Schematic indicating the location of the lymph node levels in the neck.



Level	*Lymph Node Group Name*
IA	Submental
IB	Submandibular
IIA, IIB	Upper Jugular
III	Middle Jugular
IV	Lower Jugular
VA, VB	Posterior Triangle
VI	Anterior Compartment
VII	Superior Mediastinal

Physician Signature	Date/Time

Hospital Name/Address	**Patient Name/Information**

1 Terms of Use

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2 Instructions

See Principles of Cancer Staging (Chapter 1) of the *AJCC Cancer Staging Manual, Eighth Edition* for complete staging rules. Always refer to the respective chapter in the Manual for disease-specific rules for classification, as this form is not representative of all rules, exceptions and instructions for this disease.

This form may be used by physicians to record data on T, N, and M categories; prognostic stage groups; additional prognostic factors; cancer grade; and other important information. This form may be useful for recording information in the medical record and for communicating information from physicians to the cancer registrar.

The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	Tis	Carcinoma *in situ*
	T1	Tumor smaller than or equal to 2 cm in greatest dimension
	T2	Tumor larger than 2 cm, but smaller than or equal to 4 cm in greatest dimension
	T3	Tumor larger than 4 cm in maximum dimension or minor bone erosion or perineural invasion or deep invasion*
	T4	Tumor with gross cortical bone/marrow, skull base invasion and/or skull base foramen invasion
	T4a	Tumor with gross cortical bone/marrow invasion
	T4b	Tumor with skull base invasion and/or skull base foramen involvement

*Deep invasion is defined as invasion beyond the subcutaneous fat or > 6 mm (as measured from the granular layer of adjacent normal epidermis to the base of the tumor); perineural invasion for T3 classification is defined as tumor cells within the nerve sheath of a nerve lying deeper than the dermis or measuring 0.1 mm or larger in caliber, or presenting with clinical or radiographic involvement of named nerves without skull base invasion or transgression.

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

4.2.1 Clinical N (cN)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(−)
	N2	Metastasis in a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−); *or* metastases in multiple ipsilateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−); *or* in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N2a	Metastasis in a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−)
	N2b	Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N2c	Metastases in bilateral or contralateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N3	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−); *or* metastasis in any node(s) and clinically overt ENE [ENE(+)]
	N3a	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−)
	N3b	Metastasis in any node(s) and ENE(+)

Note: A designation of "U" or "L" may be used for any N category to indicate metastasis above the lower border of the cricoid (U) or below the lower border of the cricoid (L). Similarly, clinical and pathological ENE should be recorded as ENE(−) or ENE(+).

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.
	U	Metastasis above the lower border of the cricoid
	L	Metastasis below the lower border of the cricoid

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4.2.2 Pathological N (pN)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(−)
	N2	Metastasis in a single ipsilateral lymph node, 3 cm or smaller in greatest dimension and ENE(+); *or* larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−); *or* metastases in multiple ipsilateral lymph nodes, none larger than 6 cm in greatest dimension and ENE(−); *or* in bilateral or contralateral lymph node(s), none larger than 6 cm in greatest dimension, ENE(−)
	N2a	Metastasis in single ipsilateral node 3 cm or smaller in greatest dimension and ENE(+); *or* a single ipsilateral node larger than 3 cm but not larger than 6 cm in greatest dimension and ENE(−)
	N2b	Metastases in multiple ipsilateral nodes, none larger than 6 cm in greatest dimension and ENE(−)
	N2c	Metastases in bilateral or contralateral lymph node(s), none larger than 6 cm in greatest dimension and ENE(−)
	N3	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−); *or* in a single ipsilateral node larger than 3 cm in greatest dimension and ENE(+); *or* multiple ipsilateral, contralateral, or bilateral nodes, any with ENE(+); *or* a single contralateral node of any size and ENE(+)
	N3a	Metastasis in a lymph node larger than 6 cm in greatest dimension and ENE(−)
	N3b	Metastasis in a single ipsilateral node larger than 3 cm in greatest dimension and ENE(+); *or* multiple ipsilateral, contralateral, or bilateral nodes, any with ENE(+); *or* a single contralateral node of any size and ENE(+)
Note: A designation of "U" or "L" may be used for any N category to indicate metastasis above the lower border of the cricoid (U) or below the lower border of the cricoid (L). Similarly, clinical and pathological ENE should be recorded as ENE(−) or ENE(+).		

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.
	U	Metastasis above the lower border of the cricoid
	L	Metastasis below the lower border of the cricoid

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Tis	N0	M0	0
	T1	N0	M0	I
	T2	N0	M0	II
	T3	N0	M0	III
	T1	N1	M0	III
	T2	N1	M0	III
	T3	N1	M0	III
	T1	N2	M0	IV
	T2	N2	M0	IV
	T3	N2	M0	IV
	Any T	N3	M0	IV
	T4	Any N	M0	IV
	Any T	Any N	M1	IV

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. ENE clinical (select one): ☐ Present/Positive (+) ☐ Absent/Negative (−)

2. ENE pathological (select one): ☐ Present/Positive (+) ☐ Absent/Negative (−)

3. Preoperative clinical tumor diameter in millimeters: _____

4. Tumor thickness in mm (as measured from the granular layer of adjacent normal epidermis to the base of the tumor): _____
and/or tissue level: _____

5. Perineural invasion: ☐ Absent ☐ Present, enter size in mm: _____

6. Primary site location: ☐ temple ☐ cheek ☐ ear ☐ lip, hair-bearing ☐ lip, vermilion border

7. High-risk histologic features: ☐ poor differentiation ☐ desmoplasia ☐ sarcomatoid differentiation ☐ undifferentiated

8. Immune status: ☐ not immunosuppressed ☐ immunosuppressed, specify: _____

9. Depression diagnosis: ☐ Previously diagnosed ☐ Currently diagnosed

10. Comorbidities: _____ and performance status (0-5): _____

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

7 Histologic Grade (G)

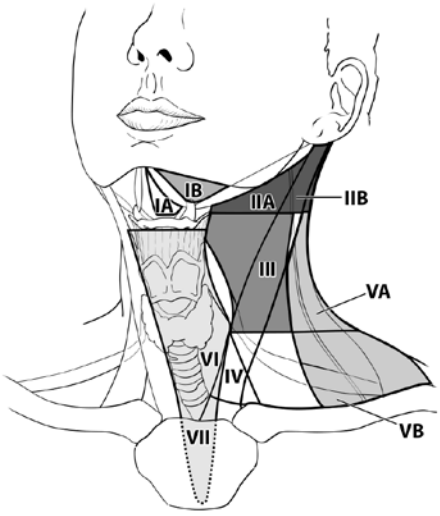
✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated
	G4	Undifferentiated

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

9 Anatomy

FIGURE 5.1. Schematic indicating the location of the lymph node levels in the neck.



Level	*Lymph Node Group Name*
IA	Submental
IB	Submandibular
IIA, IIB	Upper Jugular
III	Middle Jugular
IV	Lower Jugular
VA, VB	Posterior Triangle
VI	Anterior Compartment
VII	Superior Mediastinal

Physician Signature	Date/Time

Hospital Name/Address	**Patient Name/Information**

16. Esophagus and Esophagogastric Junction

Squamous Cell Carcinomas and Adenocarcinomas arising in the Esophagus and Esophagogastric Junction each have different Prognostic Factors Required for Staging and different AJCC Prognostic Stage Groups. Other types of tumors arising in the Esophagus and Esophagogastric Junction share TNM criteria but have no associated Prognostic Stage Groups at this time. It is for this reason that there are 3 separate staging forms for this chapter. Please choose the appropriate staging form based on histologic type.

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2 Instructions

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This form may be used by physicians to record data on T, N, and M categories; prognostic stage groups; additional prognostic factors; cancer grade; and other important information. This form may be useful for recording information in the medical record and for communicating information from physicians to the cancer registrar.

The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Tumor cannot be assessed
	T0	No evidence of primary tumor
	Tis	High-grade dysplasia, defined as malignant cells confined to the epithelium by the basement membrane
	T1	Tumor invades the lamina propria, muscularis mucosae, or submucosa
	T1a	Tumor invades the lamina propria or muscularis mucosae
	T1b	Tumor invades the submucosa
	T2	Tumor invades the muscularis propria
	T3	Tumor invades adventitia
	T4	Tumor invades adjacent structures
	T4a	Tumor invades the pleura, pericardium, azygos vein, diaphragm, or peritoneum
	T4b	Tumor invades other adjacent structures, such as the aorta, vertebral body, or airway

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis in one or two regional lymph nodes
	N2	Metastasis in three to six regional lymph nodes
	N3	Metastasis in seven or more regional lymph nodes

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 Prognostic Factors Required for Stage Grouping

5.1 Definition of Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated, undifferentiated

5.2 Definition of Location (L)

✓	*Location Category*	*Location Criteria*
	X	Location Unknown
	Upper	Cervical esophagus to lower border of azygos vein
	Middle	Lower border of azygos vein to lower border of inferior pulmonary vein
	Lower	Lower border of inferior pulmonary vein to stomach, including gastroesophageal junction
Note: Location is defined by the position of the epicenter of the tumor in the esophagus.		

This form continues on the next page.

Hospital Name/Address	Patient Name/Information

6 AJCC Prognostic Stage Groups

In addition to anatomic tumor depth, nodal status, and metastasis (see Definitions of AJCC TNM), other prognostic factors - grade (G) and location (L) - affect outcome, and therefore staging, of squamous cell carcinoma. Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

6.1 Clinical (cTNM)

✓	*When cT is…*	*And cN is…*	*And M is…*	*Then the stage group is…*
	Tis	N0	M0	0
	T1	N0–1	M0	I
	T2	N0–1	M0	II
	T3	N0	M0	II
	T3	N1	M0	III
	T1–3	N2	M0	III
	T4	N0–2	M0	IVA
	Any T	N3	M0	IVA
	Any T	Any N	M1	IVB

6.2 Pathological (pTNM)

✓	*When pT is…*	*And pN is…*	*And M is…*	*And G is…*	*And Location is…*	*Then the stage group is…*
	Tis	N0	M0	N/A	Any	0
	T1a	N0	M0	G1	Any	IA
	T1a	N0	M0	G2–3	Any	IB
	T1a	N0	M0	GX	Any	IA
	T1b	N0	M0	G1–3	Any	IB
	T1b	N0	M0	GX	Any	IB
	T2	N0	M0	G1	Any	IB
	T2	N0	M0	G2–3	Any	IIA
	T2	N0	M0	GX	Any	IIA
	T3	N0	M0	G1-3	Lower	IIA
	T3	N0	M0	G1	Upper/middle	IIA
	T3	N0	M0	G2–3	Upper/middle	IIB
	T3	N0	M0	GX	Lower/upper middle	IIB
	T3	N0	M0	Any	Location X	IIB
	T1	N1	M0	Any	Any	IIB
	T1	N2	M0	Any	Any	IIIA
	T2	N1	M0	Any	Any	IIIA
	T2	N2	M0	Any	Any	IIIB
	T3	N1–2	M0	Any	Any	IIIB
	T4a	N0–1	M0	Any	Any	IIIB
	T4a	N2	M0	Any	Any	IVA
	T4b	N0–2	M0	Any	Any	IVA
	Any T	N3	M0	Any	Any	IVA
	Any T	Any N	M1	Any	Any	IVB

6.3 Postneoadjuvant Therapy (ypTNM)

✓	*When ypT is…*	*And ypN is…*	*And M is…*	*Then the stage group is…*
	T0–2	N0	M0	I
	T3	N0	M0	II
	T0–2	N1	M0	IIIA
	T3	N1	M0	IIIB
	T0–3	N2	M0	IIIB
	T4a	N0	M0	IIIB
	T4a	N1–2	M0	IVA
	T4a	NX	M0	IVA
	T4b	N0–2	M0	IVA
	Any T	N3	M0	IVA
	Any T	Any N	M1	IVB

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7 Registry Data Collection Variables

See chapter for more details on these variables.

1.	Clinical staging modalities (endoscopy and biopsy, EUS, EUS-FNA, CT, PET/CT):
2.	Tumor length:
3.	Depth of invasion:
4.	Number of nodes involved, clinical:
5.	Number of nodes involved, pathological:
6.	Location of nodal disease, clinical:
7.	Location of nodal disease, pathological:
8.	Sites of metastasis, if applicable:
9.	Presence of skip lesions: T(m):
10.	Perineural invasion:
11.	LVI: ☐ lymphatic ☐ vascular ☐ both
12.	Extranodal extension: ☐ yes ☐ no
13.	Type of surgery:
14.	Chemotherapy:
15.	Chemoradiation therapy (for ypTNM):
16.	Surgical margin: ☐ negative ☐ microscopic ☐ macroscopic

8 Lymphovascular Invasion (LVI)

✓	***Component of LVI Coding***	***Description***
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 16.1. Anatomy of esophageal cancer primary site, including typical endoscopic measurements of each region measured from the incisors. Exact measurements depend on body size and height. Location of cancer primary site is defined by cancer epicenter. EGJ, esophagogastric junction; LES, lower esophageal sphincter; UES, upper esophageal sphincter.

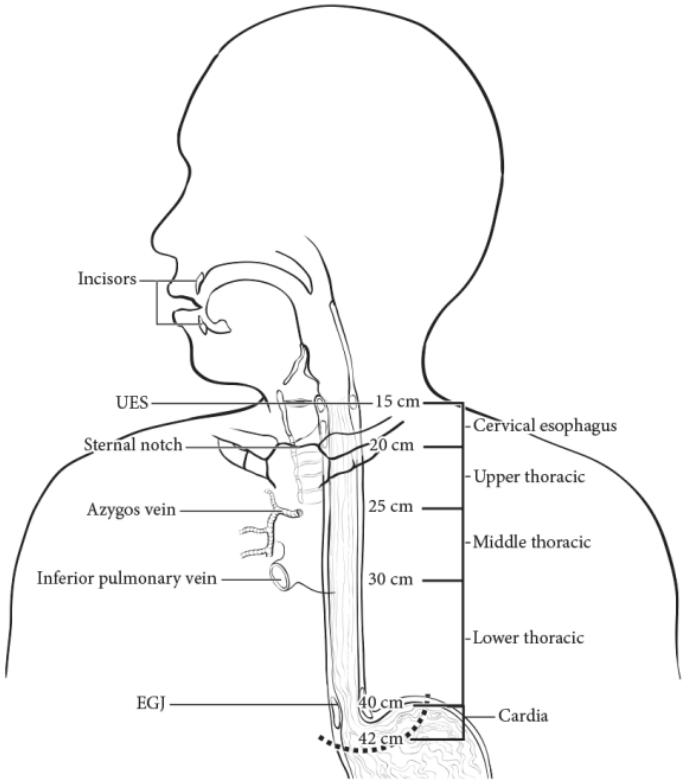
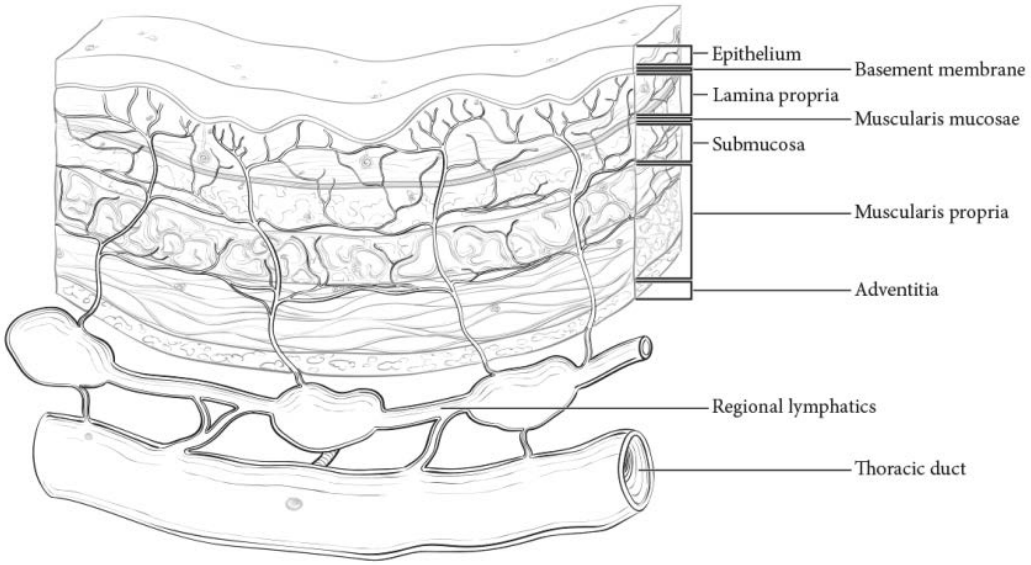
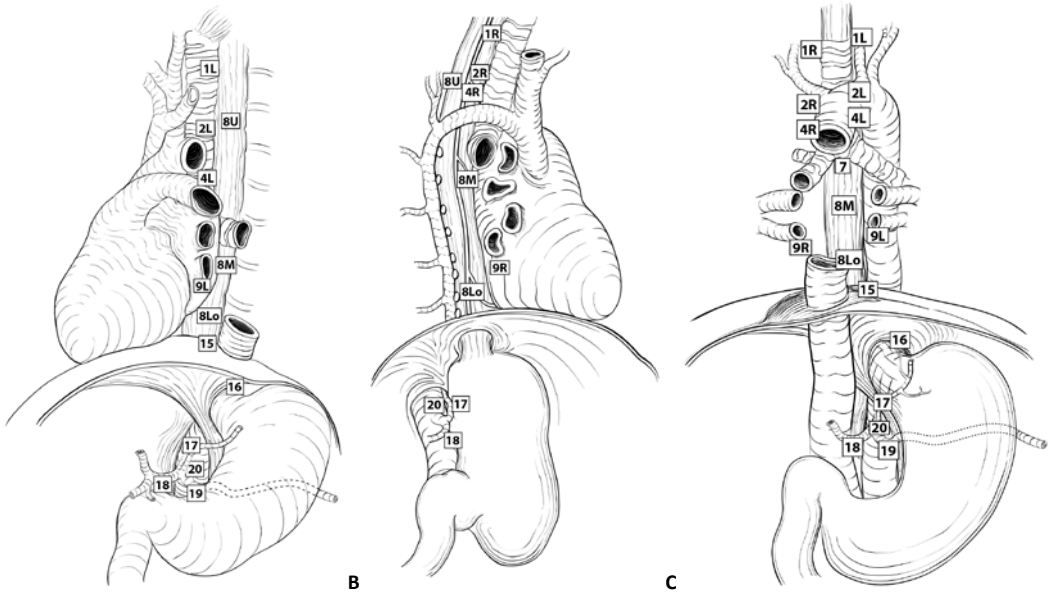


FIGURE 16.2. Esophageal wall.



Hospital Name/Address	Patient Name/Information

FIGURE 16.3. (**A–C**) Lymph node maps for esophageal cancer. Regional lymph node stations for staging esophageal cancer from left (**A**), right (**B**), and anterior **(C)**. 1R, Right lower cervical paratracheal nodes, between the supraclavicular paratracheal space and apex of the lung. 1L, Left lower cervical paratracheal nodes, between the supraclavicular paratracheal space and apex of the lung. 2R, Right upper paratracheal nodes, between the intersection of the caudal margin of the brachiocephalic artery with the trachea and the apex of the lung. 2L, Left upper paratracheal nodes, between the top of the aortic arch and the apex of the lung. 4R, Right lower paratracheal nodes, between the intersection of the caudal margin of the brachiocephalic artery with the trachea and cephalic border of the azygos vein. 4L, Left lower paratracheal nodes, between the top of the aortic arch and the carina. 7, Subcarinal nodes, caudal to the carina of the trachea. 8U, Upper thoracic paraesophageal lymph nodes, from the apex of the lung to the tracheal bifurcation. 8M, Middle thoracic paraesophageal lymph nodes, from the tracheal bifurcation to the caudal margin of the inferior pulmonary vein. 8Lo, Lower thoracic paraesophageal lymph nodes, from the caudal margin of the inferior pulmonary vein to the EGJ. 9R, Pulmonary ligament nodes, within the right inferior pulmonary ligament. 9L, Pulmonary ligament nodes, within the left inferior pulmonary ligament. 15, Diaphragmatic nodes, lying on the dome of the diaphragm and adjacent to or behind its crura. 16, Paracardial nodes, immediately adjacent to the gastroesophageal junction. 17, Left gastric nodes, along the course of the left gastric artery. 18, Common hepatic nodes, immediately on the proximal common hepatic artery. 19, Splenic nodes, immediately on the proximal splenic artery. 20, Celiac nodes, at the base of the celiac artery.



Physician Signature	Date/Time

Hospital Name/Address	**Patient Name/Information**

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2 Instructions

See Principles of Cancer Staging (Chapter 1) of the *AJCC Cancer Staging Manual, 8th Edition* for complete staging rules. Always refer to the respective chapter in the Manual for disease-specific rules for classification, as this form is not representative of all rules, exceptions and instructions for this disease.

This form may be used by physicians to record data on T, N, and M categories; prognostic stage groups; additional prognostic factors; cancer grade; and other important information. This form may be useful for recording information in the medical record and for communicating information from physicians to the cancer registrar.

The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

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4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Tumor cannot be assessed
	T0	No evidence of primary tumor
	Tis	High-grade dysplasia, defined as malignant cells confined to the epithelium by the basement membrane
	T1	Tumor invades the lamina propria, muscularis mucosae, or submucosa
	T1a	Tumor invades the lamina propria or muscularis mucosae
	T1b	Tumor invades the submucosa
	T2	Tumor invades the muscularis propria
	T3	Tumor invades adventitia
	T4	Tumor invades adjacent structures
	T4a	Tumor invades the pleura, pericardium, azygos vein, diaphragm, or peritoneum
	T4b	Tumor invades other adjacent structures, such as the aorta, vertebral body, or airway

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis in one or two regional lymph nodes
	N2	Metastasis in three to six regional lymph nodes
	N3	Metastasis in seven or more regional lymph nodes

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

This form continues on the next page.

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5 Prognostic Factors Required for Stage Grouping

5.1 Definition of Histologic Grade (G)

✓	G	G Definition
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated, undifferentiated

6 AJCC Prognostic Stage Groups

The requirements and rules for staging esophageal adenocarcinoma are similar to those for squamous cell carcinoma with regard to determining primary tumor stage, nodal status, and metastasis (see Definitions of AJCC TNM and G for squamous cell carcinoma). Whereas location of tumor is not a prognostic variable in adenocarcinoma of the esophagus, grade significantly affects outcome and therefore staging.

6.1 Clinical (cTNM)

✓	When cT is…	And cN is…	And M is…	Then the stage group is…
	Tis	N0	M0	0
	T1	N0	M0	I
	T1	N1	M0	IIA
	T2	N0	M0	IIB
	T2	N1	M0	III
	T3	N0–1	M0	III
	T4a	N0–1	M0	III
	T1-T4a	N2	M0	IVA
	T4b	N0–2	M0	IVA
	Any T	N3	M0	IVA
	Any T	Any N	M1	IVB

6.2 Pathological (pTNM)

✓	When pT is…	And pN is…	And M is…	And G is…	Then the stage group is…
	Tis	N0	M0	N/A	0
	T1a	N0	M0	G1	IA
	T1a	N0	M0	GX	IA
	T1a	N0	M0	G2	IB
	T1b	N0	M0	G1–2	IB
	T1b	N0	M0	GX	IB
	T1	N0	M0	G3	IC
	T2	N0	M0	G1–2	IC
	T2	N0	M0	G3	IIA
	T2	N0	M0	GX	IIA
	T1	N1	M0	Any	IIB
	T3	N0	M0	Any	IIB
	T1	N2	M0	Any	IIIA
	T2	N1	M0	Any	IIIA
	T2	N2	M0	Any	IIIB
	T3	N1–2	M0	Any	IIIB
	T4a	N0–1	M0	Any	IIIB
	T4a	N2	M0	Any	IVA
	T4b	N0–2	M0	Any	IVA
	Any T	N3	M0	Any	IVA
	Any T	Any N	M1	Any	IVB

This form continues on the next page.

Hospital Name/Address	Patient Name/Information

6.3 Postneoadjuvant Therapy (ypTNM)

✓	*When ypT is…*	*And ypN is…*	*And M is…*	*Then the stage group is…*
	T0–2	N0	M0	I
	T3	N0	M0	II
	T0–2	N1	M0	IIIA
	T3	N1	M0	IIIB
	T0–3	N2	M0	IIIB
	T4a	N0	M0	IIIB
	T4a	N1–2	M0	IVA
	T4a	NX	M0	IVA
	T4b	N0–2	M0	IVA
	Any T	N3	M0	IVA
	Any T	Any N	M1	IVB

7 Registry Data Collection Variables

See chapter for more details on these variables.

1. Clinical staging modalities (endoscopy and biopsy, EUS, EUS-FNA, CT, PET/CT):
2. Tumor length:
3. Depth of invasion:
4. Number of nodes involved, clinical:
5. Number of nodes involved, pathological:
6. Location of nodal disease, clinical:
7. Location of nodal disease, pathological:
8. Sites of metastasis, if applicable:
9. Presence of skip lesions: T(m):
10. Perineural invasion:
11. LVI: ☐ lymphatic ☐ vascular ☐ both
12. Extranodal extension: ☐ yes ☐ no
13. HER2 Status: ☐ Positive ☐ Negative
14. Type of surgery:
15. Chemotherapy:
16. Chemoradiation therapy (for ypTNM):
17. Surgical margin: ☐ negative ☐ microscopic ☐ macroscopic

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 16.1. Anatomy of esophageal cancer primary site, including typical endoscopic measurements of each region measured from the incisors. Exact measurements depend on body size and height. Location of cancer primary site is defined by cancer epicenter. EGJ, esophagogastric junction; LES, lower esophageal sphincter; UES, upper esophageal sphincter.

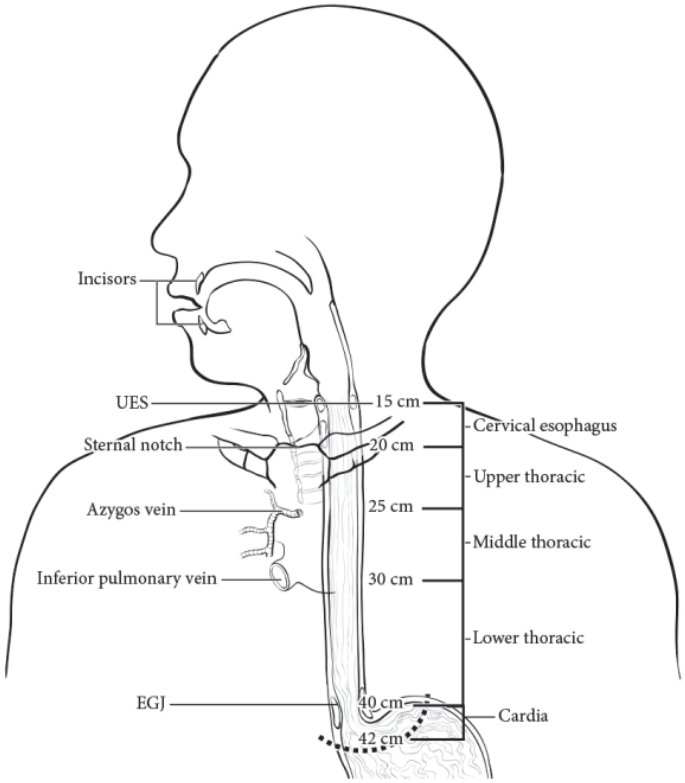
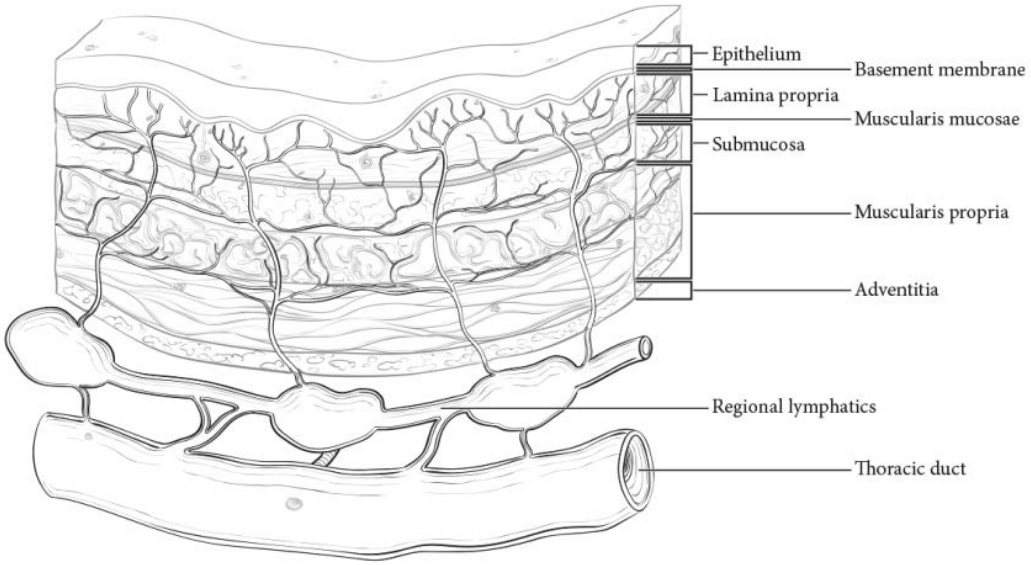
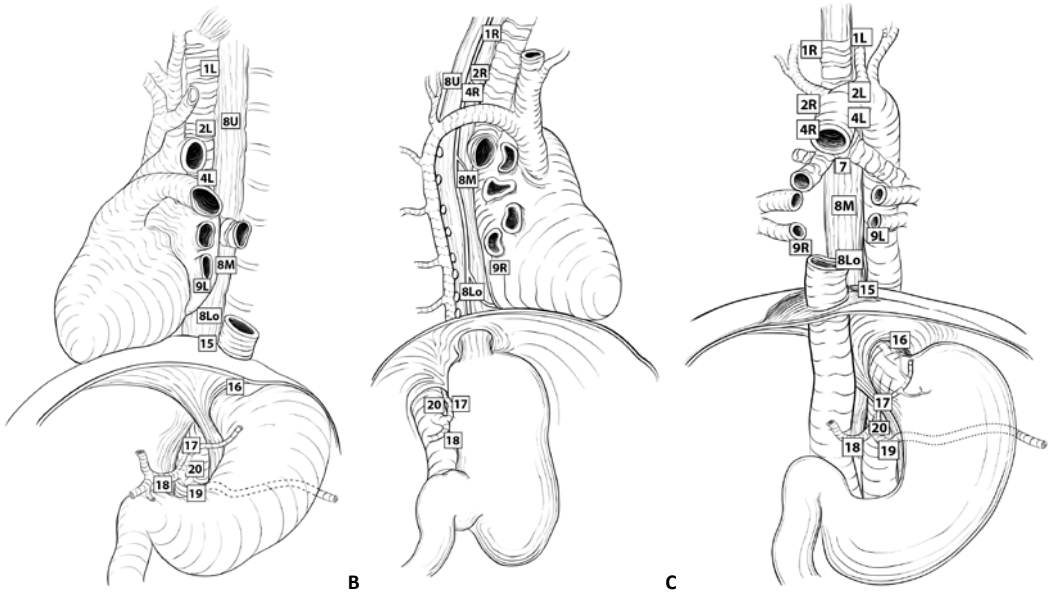


FIGURE 16.2. Esophageal wall.



Hospital Name/Address	Patient Name/Information

FIGURE 16.3. (**A–C**) Lymph node maps for esophageal cancer. Regional lymph node stations for staging esophageal cancer from left (**A**), right (**B**), and anterior **(C)**. 1R, Right lower cervical paratracheal nodes, between the supraclavicular paratracheal space and apex of the lung. 1L, Left lower cervical paratracheal nodes, between the supraclavicular paratracheal space and apex of the lung. 2R, Right upper paratracheal nodes, between the intersection of the caudal margin of the brachiocephalic artery with the trachea and the apex of the lung. 2L, Left upper paratracheal nodes, between the top of the aortic arch and the apex of the lung. 4R, Right lower paratracheal nodes, between the intersection of the caudal margin of the brachiocephalic artery with the trachea and cephalic border of the azygos vein. 4L, Left lower paratracheal nodes, between the top of the aortic arch and the carina. 7, Subcarinal nodes, caudal to the carina of the trachea. 8U, Upper thoracic paraesophageal lymph nodes, from the apex of the lung to the tracheal bifurcation. 8M, Middle thoracic paraesophageal lymph nodes, from the tracheal bifurcation to the caudal margin of the inferior pulmonary vein. 8Lo, Lower thoracic paraesophageal lymph nodes, from the caudal margin of the inferior pulmonary vein to the EGJ. 9R, Pulmonary ligament nodes, within the right inferior pulmonary ligament. 9L, Pulmonary ligament nodes, within the left inferior pulmonary ligament. 15, Diaphragmatic nodes, lying on the dome of the diaphragm and adjacent to or behind its crura. 16, Paracardial nodes, immediately adjacent to the gastroesophageal junction. 17, Left gastric nodes, along the course of the left gastric artery. 18, Common hepatic nodes, immediately on the proximal common hepatic artery. 19, Splenic nodes, immediately on the proximal splenic artery. 20, Celiac nodes, at the base of the celiac artery.



A **B** **C**

Physician Signature	Date/Time

Hospital Name/Address	**Patient Name/Information**

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Tumor cannot be assessed
	T0	No evidence of primary tumor
	Tis	High-grade dysplasia, defined as malignant cells confined to the epithelium by the basement membrane
	T1	Tumor invades the lamina propria, muscularis mucosae, or submucosa
	T1a	Tumor invades the lamina propria or muscularis mucosae
	T1b	Tumor invades the submucosa
	T2	Tumor invades the muscularis propria
	T3	Tumor invades adventitia
	T4	Tumor invades adjacent structures
	T4a	Tumor invades the pleura, pericardium, azygos vein, diaphragm, or peritoneum
	T4b	Tumor invades other adjacent structures, such as the aorta, vertebral body, or airway

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis in one or two regional lymph nodes
	N2	Metastasis in three to six regional lymph nodes
	N3	Metastasis in seven or more regional lymph nodes

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

5 Prognostic Factors Required for Stage Grouping

5.1 Definition of Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated, undifferentiated

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6 AJCC Prognostic Stage Groups

There is no prognostic stage group for other histologies arising in the esophagus and esophagogastric junction at this time.

7 Registry Data Collection Variables

See chapter for more details on these variables.

1.	Clinical staging modalities (endoscopy and biopsy, EUS, EUS-FNA, CT, PET/CT):
2.	Tumor length:
3.	Depth of invasion:
4.	Number of nodes involved, clinical:
5.	Number of nodes involved, pathological:
6.	Location of nodal disease, clinical:
7.	Location of nodal disease, pathological:
8.	Sites of metastasis, if applicable:
9.	Presence of skip lesions: T(m):
10.	Perineural invasion:
11.	LVI: ☐ lymphatic ☐ vascular ☐ both
12.	Extranodal extension: ☐ yes ☐ no
13.	HER2 Status: ☐ Positive ☐ Negative
14.	Type of surgery:
15.	Chemotherapy:
16.	Chemoradiation therapy (for ypTNM):
17.	Surgical margin: ☐ negative ☐ microscopic ☐ macroscopic

8 Lymphovascular Invasion (LVI)

✓	***Component of LVI Coding***	***Description***
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 16.1. Anatomy of esophageal cancer primary site, including typical endoscopic measurements of each region measured from the incisors. Exact measurements depend on body size and height. Location of cancer primary site is defined by cancer epicenter. EGJ, esophagogastric junction; LES, lower esophageal sphincter; UES, upper esophageal sphincter.

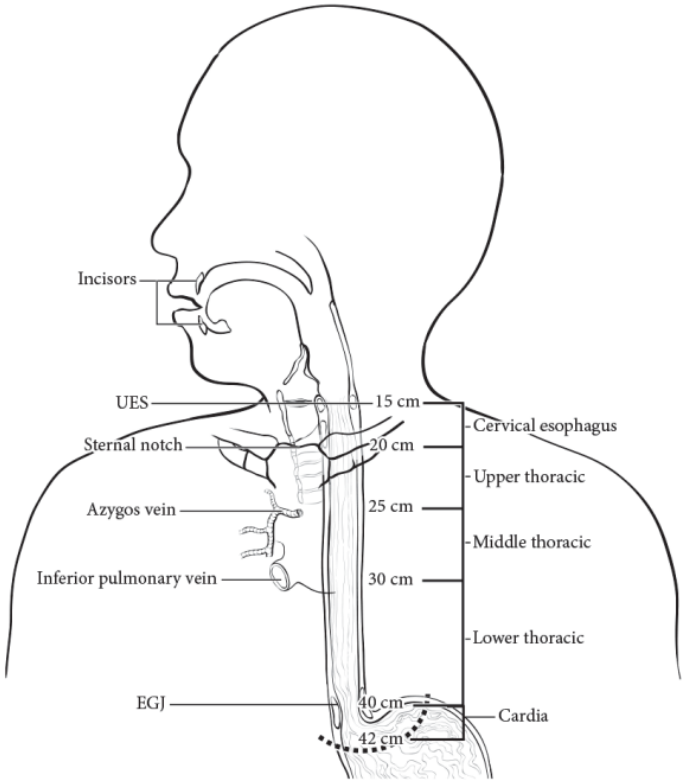
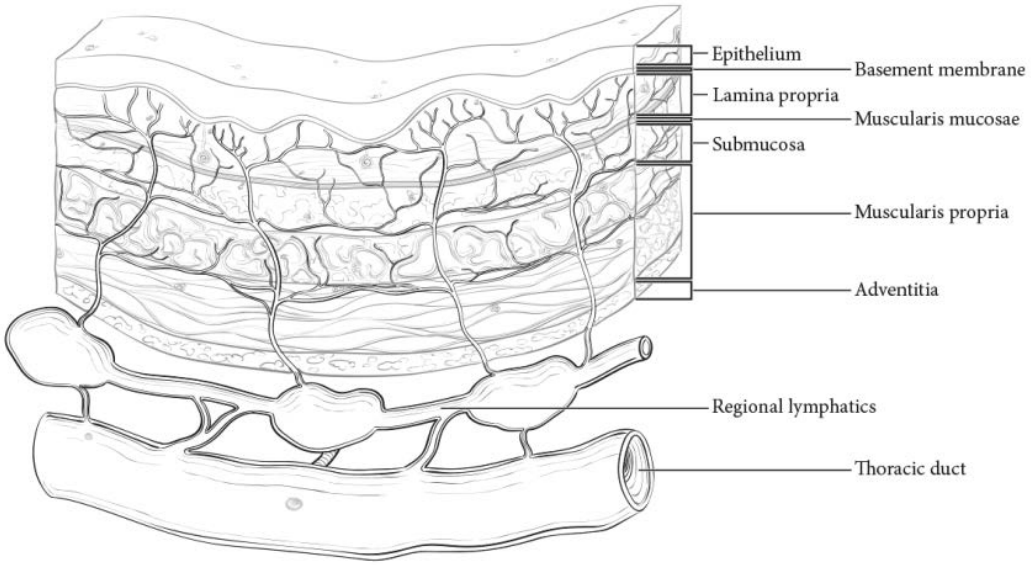


FIGURE 16.2. Esophageal wall.



Hospital Name/Address	Patient Name/Information

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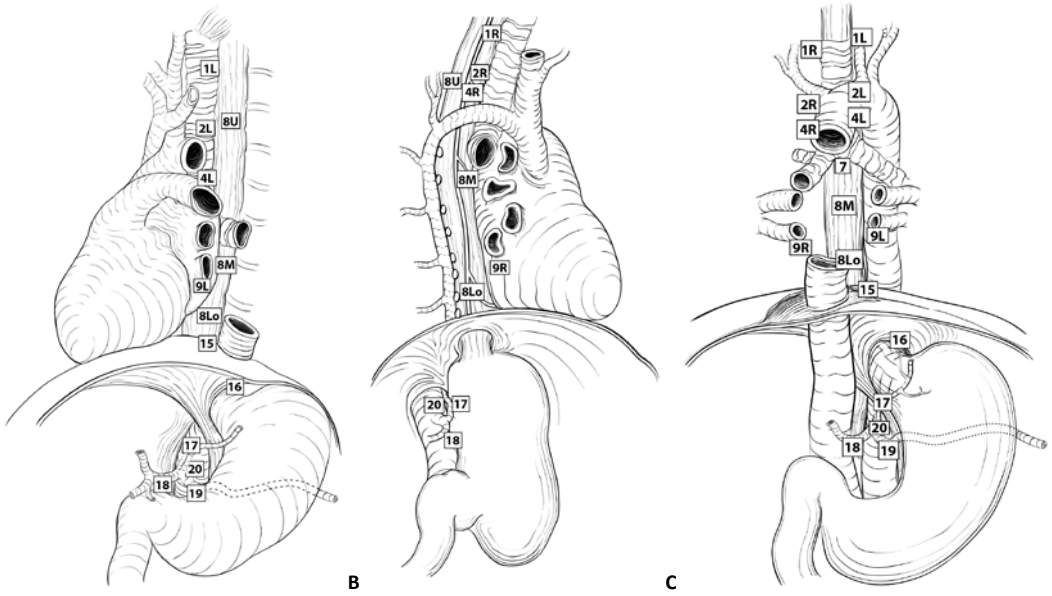

A B C

Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

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	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	Tis	Carcinoma *in situ*: intraepithelial tumor without invasion of the lamina propria, high-grade dysplasia
	T1	Tumor invades the lamina propria, muscularis mucosae, or submucosa
	T1a	Tumor invades the lamina propria or muscularis mucosae
	T1b	Tumor invades the submucosa
	T2	Tumor invades the muscularis propria*
	T3	Tumor penetrates the subserosal connective tissue without invasion of the visceral peritoneum or adjacent structures**,***
	T4	Tumor invades the serosa (visceral peritoneum) or adjacent structures **,***
	T4a	Tumor invades the serosa (visceral peritoneum)
	T4b	Tumor invades adjacent structures/organs

* A tumor may penetrate the muscularis propria with extension into the gastrocolic or gastrohepatic ligaments, or into the greater or lesser omentum, without perforation of the visceral peritoneum covering these structures. In this case, the tumor is classified as T3. If there is perforation of the visceral peritoneum covering the gastric ligaments or the omentum, the tumor should be classified as T4.
** The adjacent structures of the stomach include the spleen, transverse colon, liver, diaphragm, pancreas, abdominal wall, adrenal gland, kidney, small intestine, and retroperitoneum.
*** Intramural extension to the duodenum or esophagus is not considered invasion of an adjacent structure, but is classified using the depth of the greatest invasion in any of these sites.

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph node(s) cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis in one or two regional lymph nodes
	N2	Metastasis in three to six regional lymph nodes
	N3	Metastasis in seven or more regional lymph nodes
	N3a	Metastasis in seven to 15 regional lymph nodes
	N3b	Metastasis in 16 or more regional lymph nodes

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

5.1 Clinical (cTNM)

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Tis	N0	M0	0
	T1	N0	M0	I
	T2	N0	M0	I
	T1	N1, N2, or N3	M0	IIA
	T2	N1, N2, or N3	M0	IIA
	T3	N0	M0	IIB
	T4a	N0	M0	IIB
	T3	N1, N2, or N3	M0	III
	T4a	N1, N2, or N3	M0	III
	T4b	Any N	M0	IVA
	Any T	Any N	M1	IVB

5.2 Pathological (pTNM)

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Tis	N0	M0	0
	T1	N0	M0	IA
	T1	N1	M0	IB
	T2	N0	M0	IB
	T1	N2	M0	IIA
	T2	N1	M0	IIA
	T3	N0	M0	IIA
	T1	N3a	M0	IIB
	T2	N2	M0	IIB
	T3	N1	M0	IIB
	T4a	N0	M0	IIB
	T2	N3a	M0	IIIA
	T3	N2	M0	IIIA
	T4a	N1	M0	IIIA
	T4a	N2	M0	IIIA
	T4b	N0	M0	IIIA
	T1	N3b	M0	IIIB
	T2	N3b	M0	IIIB
	T3	N3a	M0	IIIB
	T4a	N3a	M0	IIIB
	T4b	N1	M0	IIIB
	T4b	N2	M0	IIIB
	T3	N3b	M0	IIIC
	T4a	N3b	M0	IIIC
	T4b	N3a	M0	IIIC
	T4b	N3b	M0	IIIC
	Any T	Any N	M1	IV

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5.3 Postneoadjuvant Therapy (ypTNM)

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	T1	N0	M0	I
	T2	N0	M0	I
	T1	N1	M0	I
	T3	N0	M0	II
	T2	N1	M0	II
	T1	N2	M0	II
	T4a	N0	M0	II
	T3	N1	M0	II
	T2	N2	M0	II
	T1	N3	M0	II
	T4a	N1	M0	III
	T3	N2	M0	III
	T2	N3	M0	III
	T4b	N0	M0	III
	T4b	N1	M0	III
	T4a	N2	M0	III
	T3	N3	M0	III
	T4b	N2	M0	III
	T4b	N3	M0	III
	T4a	N3	M0	III
	Any T	Any N	M1	IV

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Tumor location (needed because C16.0 is both cardia and EGJ):
   - ☐ cardia, meeting the distance criteria and EGJ involvement criteria (Use this chapter, AJCC Chapter 17 Stomach)
   - ☐ EGJ (Use AJCC Chapter 16 Esophagus and Esophagogastric Junction)
2. Serum CEA:
3. Serum CA 19-9:
4. Clinical staging modalities (endoscopy and biopsy, EUS, EUS-FNA, CT, PET/CT):
5. Tumor length:
6. Depth of invasion:
7. Number of suspicious malignant lymph nodes on baseline radiologic images:
8. Number of suspicious malignant lymph nodes by EUS assessment:
9. Location of suspicious nodes (clinical):
10. Location of malignant nodes (pathological):
11. Number of tumor deposits:
12. Lymphovascular invasion:
13. Neural invasion:
14. Extranodal extension:
15. HER2 status: ☐ positive ☐ negative
16. MSI:
17. Surgical margin: ☐ negative ☐ microscopic ☐ macroscopic
18. Sites of metastasis, if applicable:
19. Type of surgery:

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated, undifferentiated

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 17.1. Anatomic subsites of the stomach.

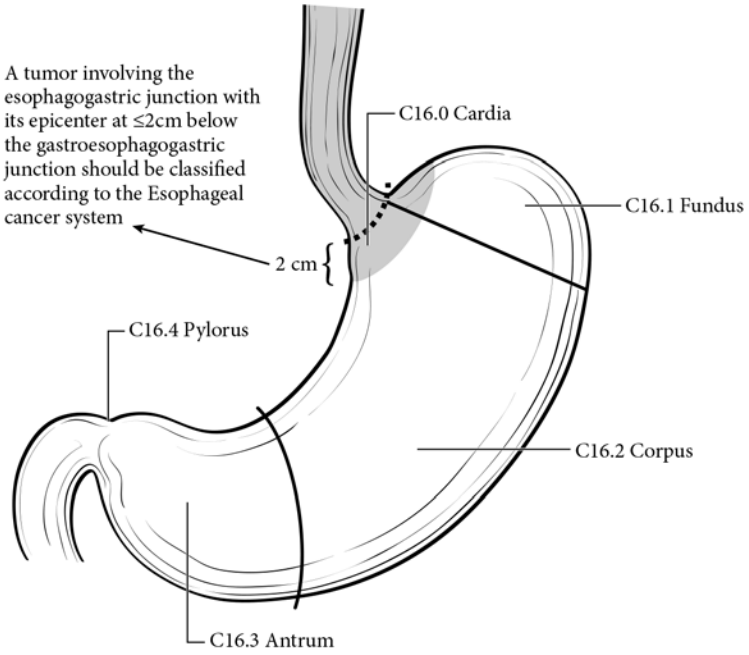
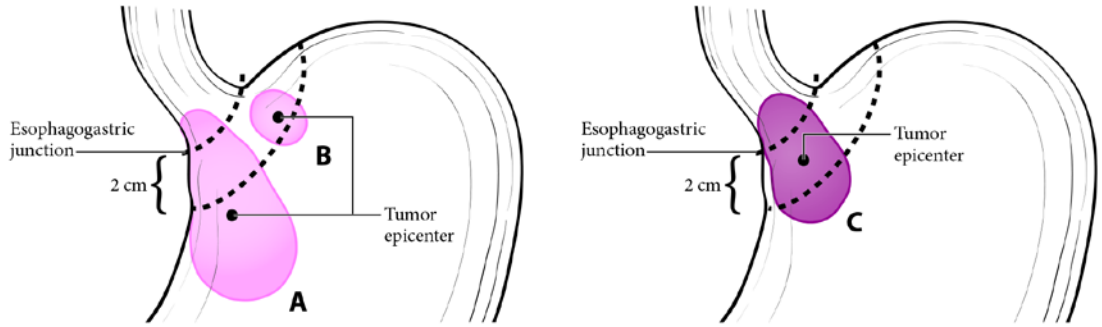


FIGURE 17.2. (A) EGJ tumors with their epicenter located >2 cm into the proximal stomach are staged as stomach cancers. (B) Cardia cancers not involving the EGJ are staged as stomach cancers. (C) Tumors involving the EGJ with thier epicenter <2 cm into the proximal stomach are staged as esophageal cancers.

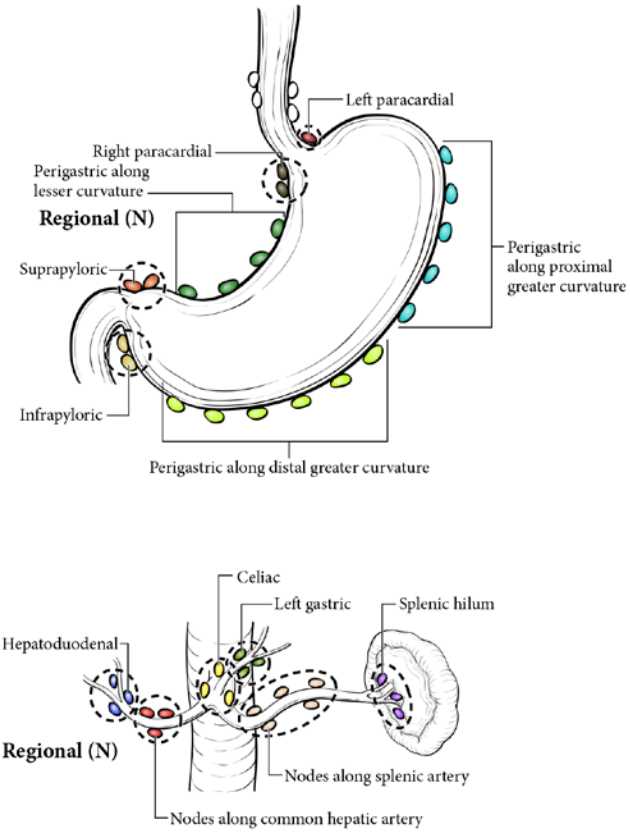


A tumor that has its epicenter located >2 cm from esophagogastric junction (A) or a tumor located within 2 cm of the esophagogastric junction (B) but does not involve the esophagogastric junction is classified as stomach cancer.

A tumor that has its epicenter located within 2 cm of esophagogastric junction and involves the esophagogatric junction (C) is classified as esophageal cancer.

Hospital Name/Address	Patient Name/Information

FIGURE 17.3. Regional lymph nodes of the stomach.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

18. Small Intestine

Adenocarcinomas arising in the Small Intestine can be staged using the Definitions of TNM and AJCC Prognostic Stage Groups outlined in this chapter. Other types of tumors arising in the Small Intestine share the same TNM criteria with Adenocarcinomas, but have no associated Prognostic Stage Groups at this time. It is for this reason that there are 2 separate staging forms for this chapter. Please choose the appropriate staging form based on histologic type.

18.1 Small Intestine: Adenocarcinoma

18.2 Small Intestine: Other Histologies

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2 Instructions

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

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4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	Tis	High-grade dysplasia/carcinoma *in situ*
	T1	Tumor invades the lamina propria or submucosa
	T1a	Tumor invades the lamina propria
	T1b	Tumor invades the submucosa
	T2	Tumor invades the muscularis propria
	T3	Tumor invades through the muscularis propria into the subserosa, or extends into nonperitonealized perimuscular tissue (mesentery or retroperitoneum) without serosal penetration*
	T4	Tumor perforates the visceral peritoneum or directly invades other organs or structures (e.g., other loops of small intestine, mesentery of adjacent loops of bowel, and abdominal wall by way of serosa; for duodenum only, invasion of pancreas or bile duct)
Note: For T3 tumors, the nonperitonealized perimuscular tissue is, for the jejunum and ileum, part of the mesentery and, for the duodenum in areas where serosa is lacking, part of the interface with the pancreas.		

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis in one or two regional lymph nodes
	N2	Metastasis in three or more regional lymph nodes

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Tis	N0	M0	0
	T1–2	N0	M0	I
	T3	N0	M0	IIA
	T4	N0	M0	IIB
	Any T	N1	M0	IIIA
	Any T	N2	M0	IIIB
	Any T	Any N	M1	IV

6 Registry Data Collection Variables

1. Primary tumor site (duodenum, jejunum, ileum):
2. Number of lymph nodes examined:
3. Presurgical CEA:
4. LVI:
5. Microsatellite instability:
6. Tumor grade:
7. Presence of Crohn's disease:
8. Personal or family history of familial GI malignancies (familial adenomatous polyposis, Lynch syndrome, Peutz–Jeghers syndrome):

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated
	G4	Undifferentiated

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 18.1. Anatomic sites of the small intestine.

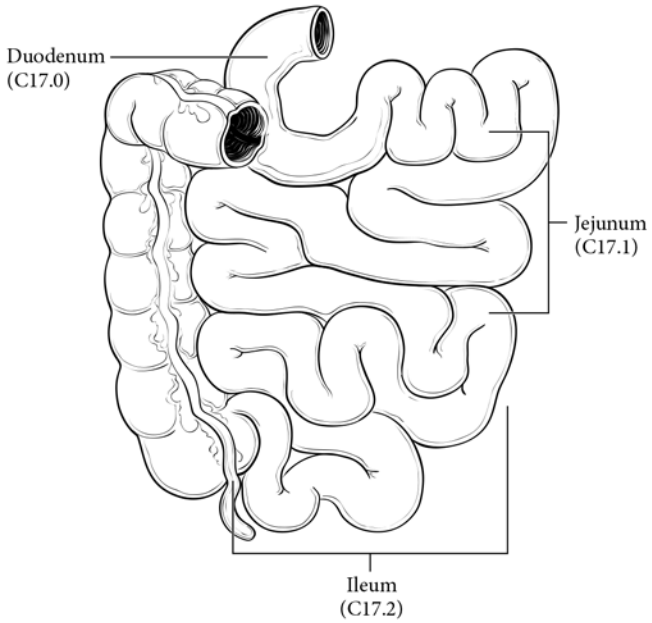
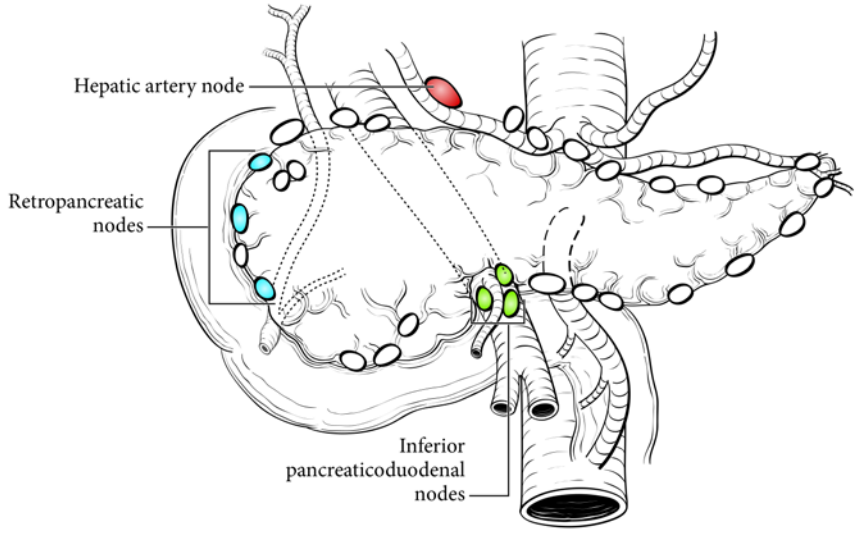


FIGURE 18.2. The regional lymph nodes of the duodenum.



Hospital Name/Address	Patient Name/Information

FIGURE 18.3. The regional lymph nodes of the duodenum.

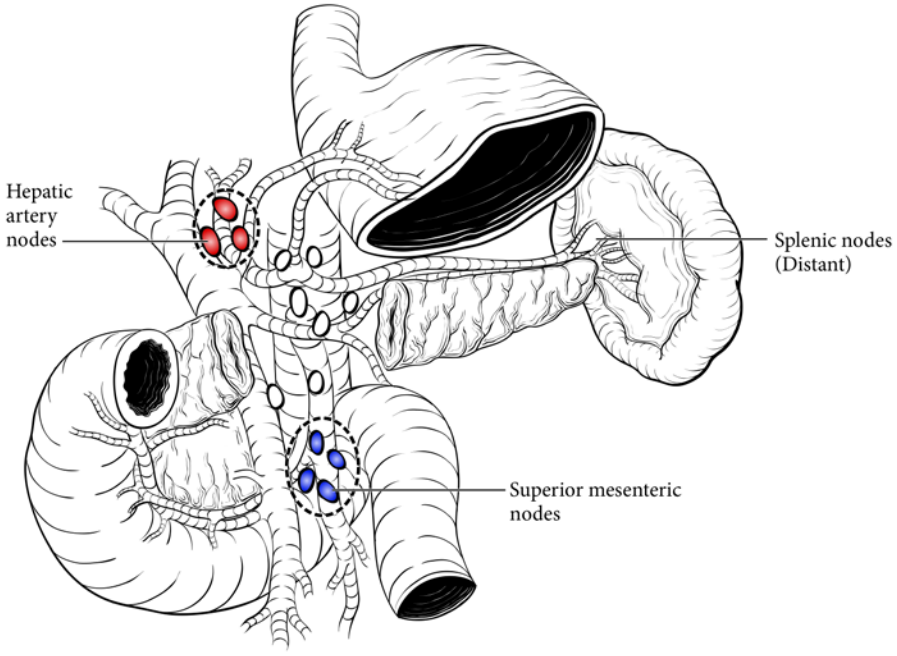
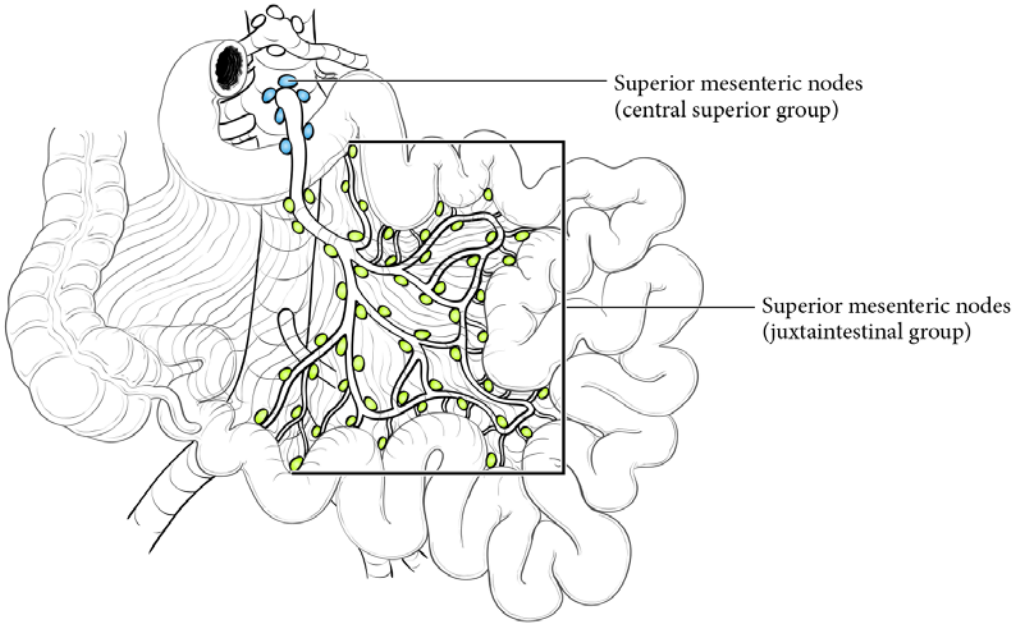


FIGURE 18.4. The regional lymph nodes of the ileum and jejunum.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

Hospital Name/Address	Patient Name/Information

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	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
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	T1a	Tumor invades the lamina propria
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	T2	Tumor invades the muscularis propria
	T3	Tumor invades through the muscularis propria into the subserosa, or extends into nonperitonealized perimuscular tissue (mesentery or retroperitoneum) without serosal penetration*
	T4	Tumor perforates the visceral peritoneum or directly invades other organs or structures (e.g., other loops of small intestine, mesentery of adjacent loops of bowel, and abdominal wall by way of serosa; for duodenum only, invasion of pancreas or bile duct)
Note: For T3 tumors, the nonperitonealized perimuscular tissue is, for the jejunum and ileum, part of the mesentery and, for the duodenum in areas where serosa is lacking, part of the interface with the pancreas.		

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
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	N2	Metastasis in three or more regional lymph nodes

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

There is no prognostic stage group for non-adenocarcinoma small bowel histologies at this time.

6 Registry Data Collection Variables

1. Primary tumor site (duodenum, jejunum, ileum):
2. Number of lymph nodes examined:
3. Presurgical CEA:
4. LVI:
5. Microsatellite instability:
6. Tumor grade:
7. Presence of Crohn's disease:
8. Personal or family history of familial GI malignancies (familial adenomatous polyposis, Lynch syndrome, Peutz–Jeghers syndrome):

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
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	G3	Poorly differentiated
	G4	Undifferentiated

8 Lymphovascular Invasion (LVI)

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	2	Lymphatic and small vessel invasion only (L)
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	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 18.1. Anatomic sites of the small intestine.

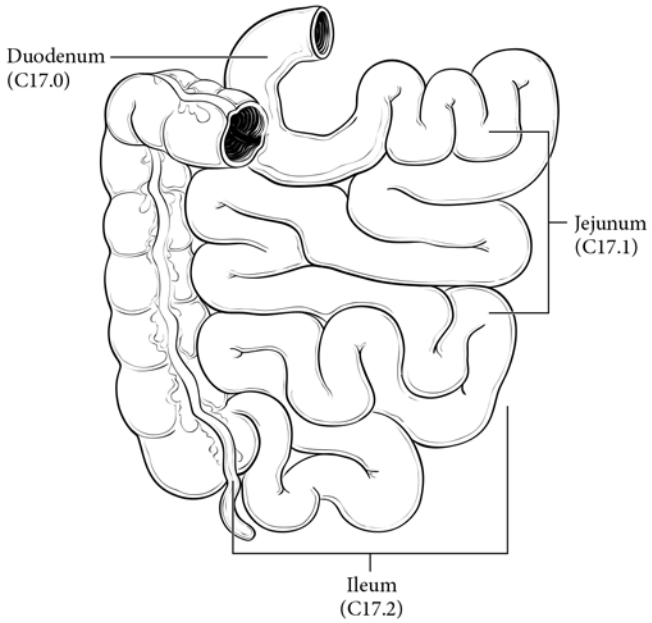
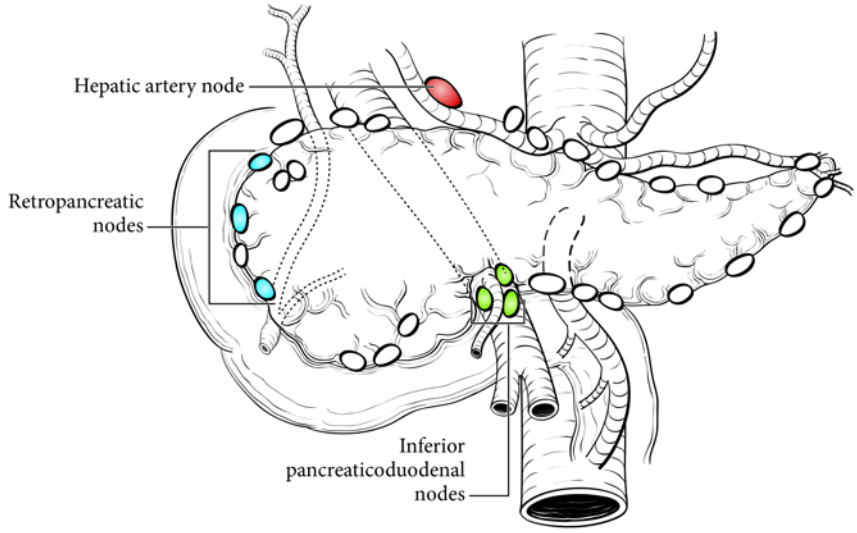


FIGURE 18.2. The regional lymph nodes of the duodenum.



Hospital Name/Address	Patient Name/Information

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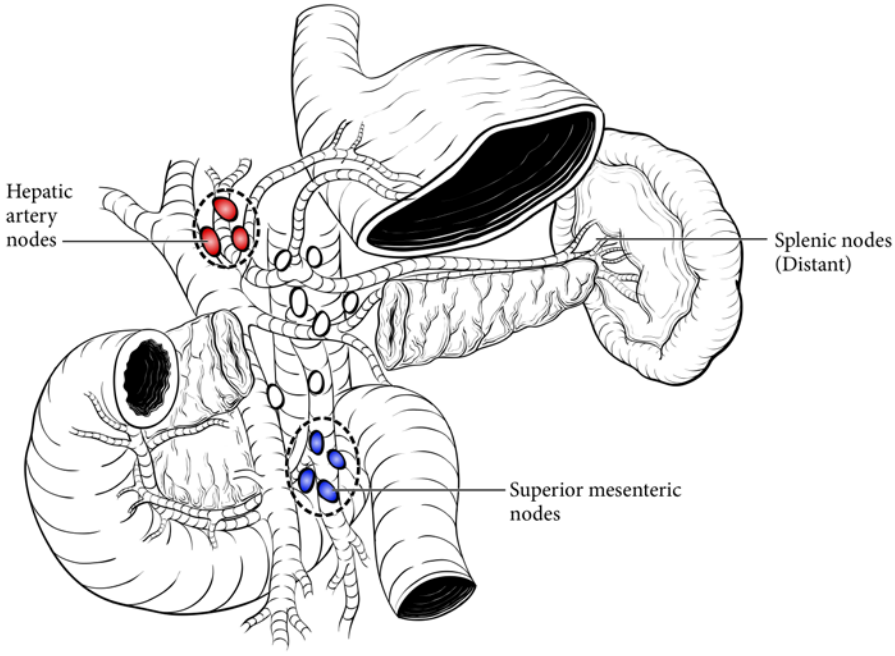
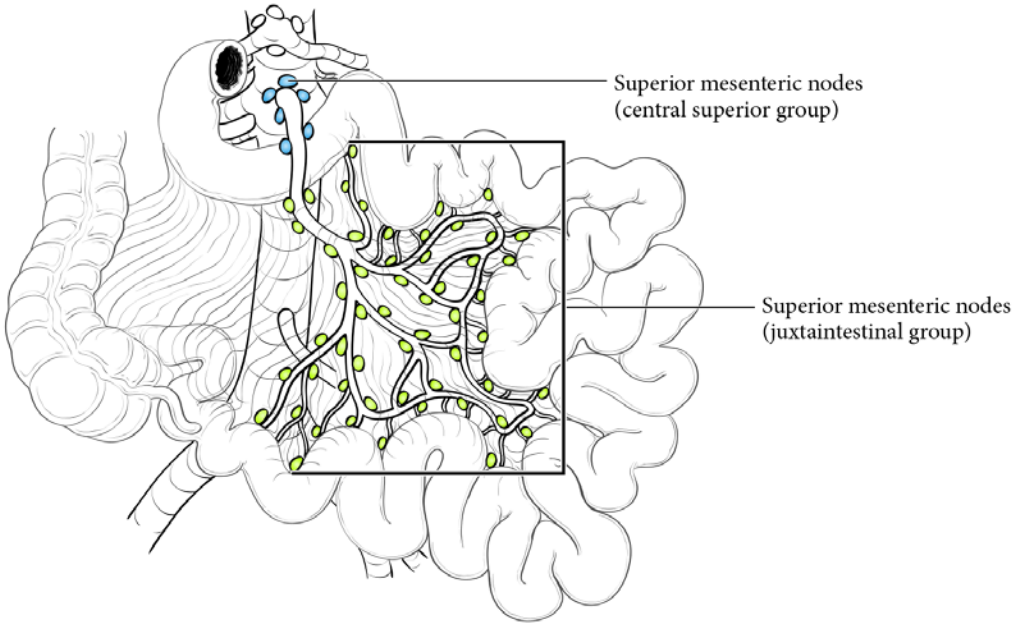


FIGURE 18.4. The regional lymph nodes of the ileum and jejunum.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

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✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	Tis	Carcinoma *in situ* (intramucosal carcinoma; invasion of the lamina propria or extension into but not through the muscularis mucosae)
	Tis(LAMN)	Low-grade appendiceal mucinous neoplasm confined by the muscularis propria. Acellular mucin or mucinous epithelium may invade into the muscularis propria. T1 and T2 are not applicable to LAMN. Acellular mucin or mucinous epithelium that extends into the subserosa or serosa should be classified as T3 or T4a, respectively.
	T1	Tumor invades the submucosa (through the muscularis mucosa but not into the muscularis propria)
	T2	Tumor invades the muscularis propria
	T3	Tumor invades through the muscularis propria into the subserosa or the mesoappendix
	T4	Tumor invades the visceral peritoneum, including the acellular mucin or mucinous epithelium involving the serosa of the appendix or mesoappendix, and/or directly invades adjacent organs or structures
	T4a	Tumor invades through the visceral peritoneum, including the acellular mucin or mucinous epithelium involving the serosa of the appendix or serosa of the mesoappendix
	T4b	Tumor directly invades or adheres to adjacent organs or structures

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	One to three regional lymph nodes are positive (tumor in lymph node measuring ≥0.2 mm) or any number of tumor deposits is present, and all identifiable lymph nodes are negative
	N1a	One regional lymph node is positive
	N1b	Two or three regional lymph nodes are positive
	N1c	No regional lymph nodes are positive, but there are tumor deposits in the subserosa or mesentery
	N2	Four or more regional lymph nodes are positive

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	cM1a	Intraperitoneal acellular mucin, without identifiable tumor cells in the disseminated peritoneal mucinous deposits
	cM1b	Intraperitoneal metastasis only, including peritoneal mucinous deposits containing tumor cells
	cM1c	Metastasis to sites other than peritoneum
	pM1	Distant metastasis, microscopically confirmed
	pM1a	Microscopically confirmed intraperitoneal acellular mucin, without identifiable tumor cells in the disseminated peritoneal mucinous deposits
	pM1b	Microscopically confirmed intraperitoneal metastasis only, including peritoneal mucinous deposits containing tumor cells
	pM1c	Microscopically confirmed metastasis to sites other than peritoneum

5 Prognostic Factors Required for Stage Grouping

5.1 Definition of Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated

6 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*And G is…*	*Then the stage group is…*
	Tis	N0	M0	Any	0
	Tis(LAMN)	N0	M0	Any	0
	T1	N0	M0	Any	I
	T2	N0	M0	Any	I
	T3	N0	M0	Any	IIA
	T4a	N0	M0	Any	IIB
	T4b	N0	M0	Any	IIC
	T1	N1	M0	Any	IIIA
	T2	N1	M0	Any	IIIA
	T3	N1	M0	Any	IIIB
	T4	N1	M0	Any	IIIB
	Any T	N2	M0	Any	IIIC
	Any T	Any N	M1a	Any	IVA
	Any T	Any N	M1b	G1	IVA
	Any T	Any N	M1b	G2, G3, or GX	IVB
	Any T	Any N	M1c	Any G	IVC

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

7 Registry Data Collection Variables

1.	Grade:	
2.	CEA levels:	
3.	Tumor deposits:	
4.	Lymphovascular invasion:	
5.	Perineural invasion:	

8 Lymphovascular Invasion (LVI)

✓	***Component of LVI Coding***	***Description***
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 19.1. Anatomic location of the appendix

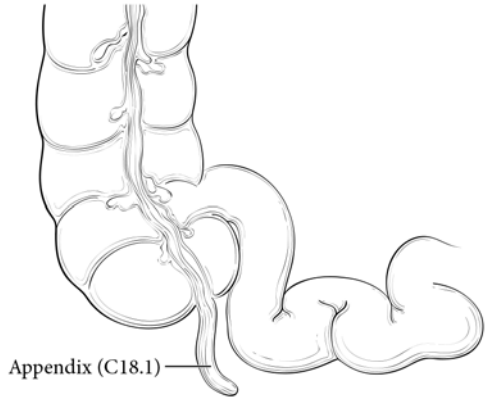
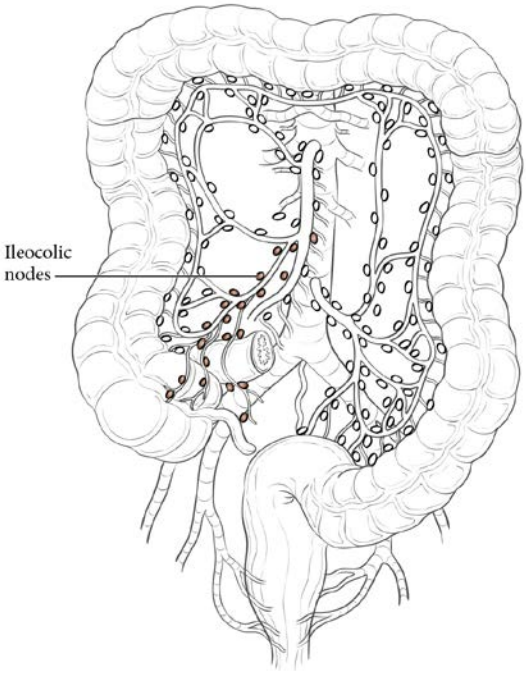


FIGURE 19.2. The regional lymph nodes of the appendix.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

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This form may be used by physicians to record data on T, N, and M categories; prognostic stage groups; additional prognostic factors; cancer grade; and other important information. This form may be useful for recording information in the medical record and for communicating information from physicians to the cancer registrar.

The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	Tis	Carcinoma *in situ*, intramucosal carcinoma (involvement of lamina propria with no extension through muscularis mucosae)
	T1	Tumor invades the submucosa (through the muscularis mucosa but not into the muscularis propria)
	T2	Tumor invades the muscularis propria
	T3	Tumor invades through the muscularis propria into pericolorectal tissues
	T4	Tumor invades the visceral peritoneum or invades or adheres to adjacent organ or structure
	T4a	Tumor invades through the visceral peritoneum (including gross perforation of the bowel through tumor and continuous invasion of tumor through areas of inflammation to the surface of the visceral peritoneum)
	T4b	Tumor directly invades or adheres to adjacent organs or structures

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	One to three regional lymph nodes are positive (tumor in lymph nodes measuring ≥ 0.2 mm), or any number of tumor deposits are present and all identifiable lymph nodes are negative
	N1a	One regional lymph node is positive
	N1b	Two or three regional lymph nodes are positive
	N1c	No regional lymph nodes are positive, but there are tumor deposits in the • subserosa • mesentery • or nonperitonealized pericolic, or perirectal/mesorectal tissues.
	N2	Four or more regional nodes are positive
	N2a	Four to six regional lymph nodes are positive
	N2b	Seven or more regional lymph nodes are positive

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis by imaging, etc.; no evidence of tumor in distant sites or organs (This category is not assigned by pathologists.)
	cM1	Metastasis to one or more distant sites or organs or peritoneal metastasis is identified
	cM1a	Metastasis to one site or organ is identified without peritoneal metastasis
	cM1b	Metastasis to two or more sites or organs is identified without peritoneal metastasis
	cM1c	Metastasis to the peritoneal surface is identified alone or with other site or organ metastases
	pM1	Metastasis to one or more distant sites or organs or peritoneal metastasis is identified and microscopically confirmed
	pM1a	Metastasis to one site or organ is identified without peritoneal metastasis and microscopically confirmed
	pM1b	Metastasis to two or more sites or organs is identified without peritoneal metastasis and microscopically confirmed
	pM1c	Metastasis to the peritoneal surface is identified alone or with other site or organ metastases and microscopically confirmed

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Tis	N0	M0	0
	T1, T2	N0	M0	I
	T3	N0	M0	IIA
	T4a	N0	M0	IIB
	T4b	N0	M0	IIC
	T1–T2	N1/N1c	M0	IIIA
	T1	N2a	M0	IIIA
	T3–T4a	N1/N1c	M0	IIIB
	T2–T3	N2a	M0	IIIB
	T1–T2	N2b	M0	IIIB
	T4a	N2a	M0	IIIC
	T3–T4a	N2b	M0	IIIC
	T4b	N1–N2	M0	IIIC
	Any T	Any N	M1a	IVA
	Any T	Any N	M1b	IVB
	Any T	Any N	M1c	IVC

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Tumor deposits:
2. CEA levels: preoperative blood level recorded in nanograms per milliliter with fixed decimal point and five numbers (XXXX.X ng/mL):
3. Tumor regression score (0-3):
4. Circumferential resection margin (in mm):
5. Lymphovascular invasion:
6. Perineural invasion:
7. Microsatellite instability:
8. KRAS and NRAS mutation:
9. BRAF mutation:

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated
	G4	Undifferentiated

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 20.1. Anatomic subsites of the colon.

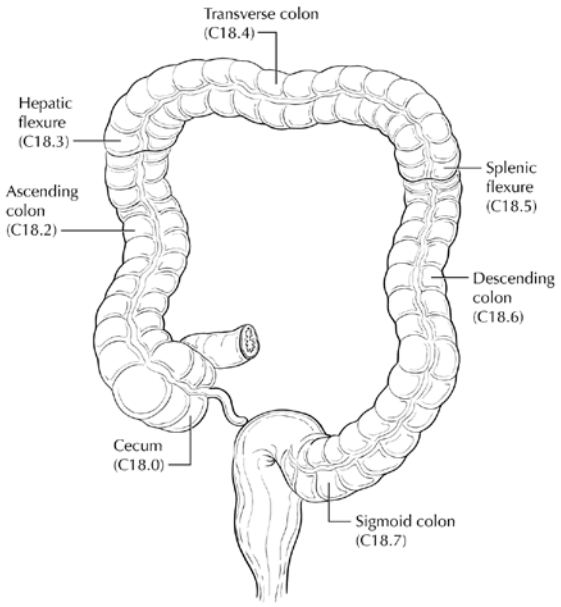


FIGURE 20.2. Anatomic subsites of the rectum.

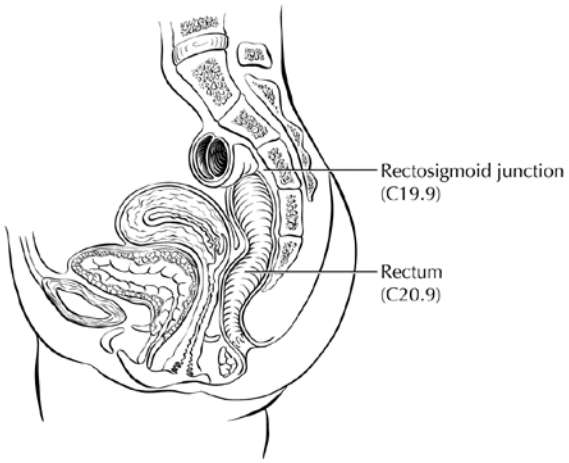
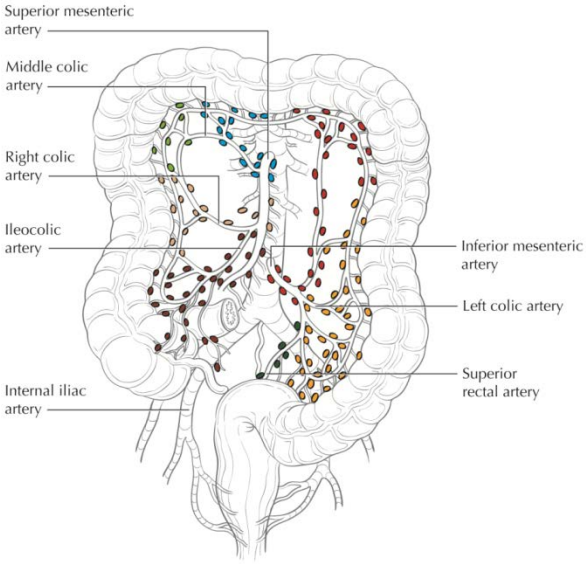


FIGURE 20.4. The regional lymph nodes of the colon and rectum.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

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The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor not assessed
	T0	No evidence of primary tumor
	Tis	High-grade squamous intraepithelial lesion (previously termed carcinoma *in situ*, Bowen disease, anal intraepithelial neoplasia II–III, high-grade anal intraepithelial neoplasia)
	T1	Tumor ≤2 cm
	T2	Tumor >2 cm but ≤5 cm
	T3	Tumor >5 cm
	T4	Tumor of any size invading adjacent organ(s), such as the vagina, urethra, or bladder

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis in inguinal, mesorectal, internal iliac, or external iliac nodes
	N1a	Metastasis in inguinal, mesorectal, or internal iliac lymph nodes
	N1b	Metastasis in external iliac lymph nodes
	N1c	Metastasis in external iliac with any N1a nodes

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system.

Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Tis	N0	M0	0
	T1	N0	M0	I
	T1	N1	M0	IIIA
	T2	N0	M0	IIA
	T2	N1	M0	IIIA
	T3	N0	M0	IIB
	T3	N1	M0	IIIC
	T4	N0	M0	IIIB
	T4	N1	M0	IIIC
	Any T	Any N	M1	IV

6 Registry Data Collection Variables

1. Tumor location: ☐ anal ☐ perianal ☐ perineal
   AND ☐ left ☐ right ☐ anterior ☐ posterior ☐ lateral
2. HIV status:
3. Gender:
4. Grade:
5. HPV status: ☐ p16 expression ☐ p18 expression

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be determined
	G1	Well differentiated (low grade)
	G2	Moderately differentiated (low grade)
	G3	Poorly differentiated (high grade)
	G4	Undifferentiated (high grade)

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 21.1A-B. Anal cancer (A–C), perianal cancer (D), and skin cancer (E) as visualized with gentle traction placed on the buttocks.

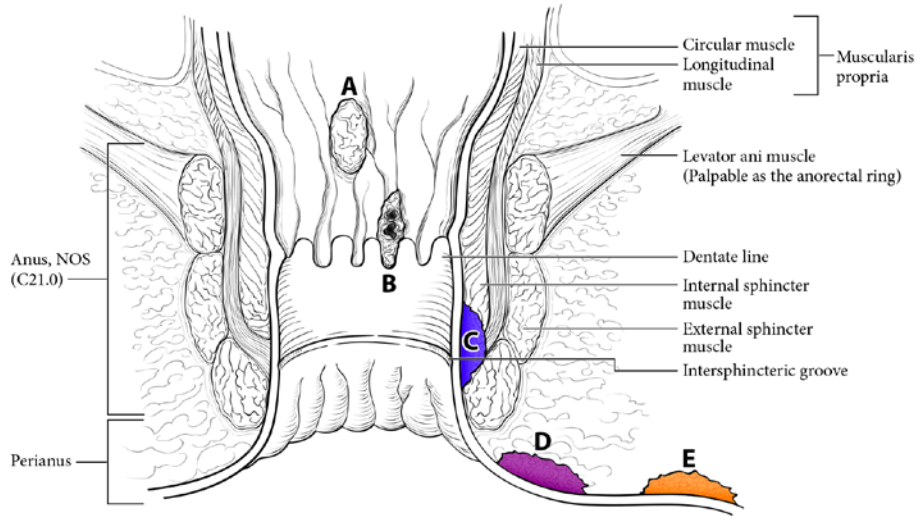
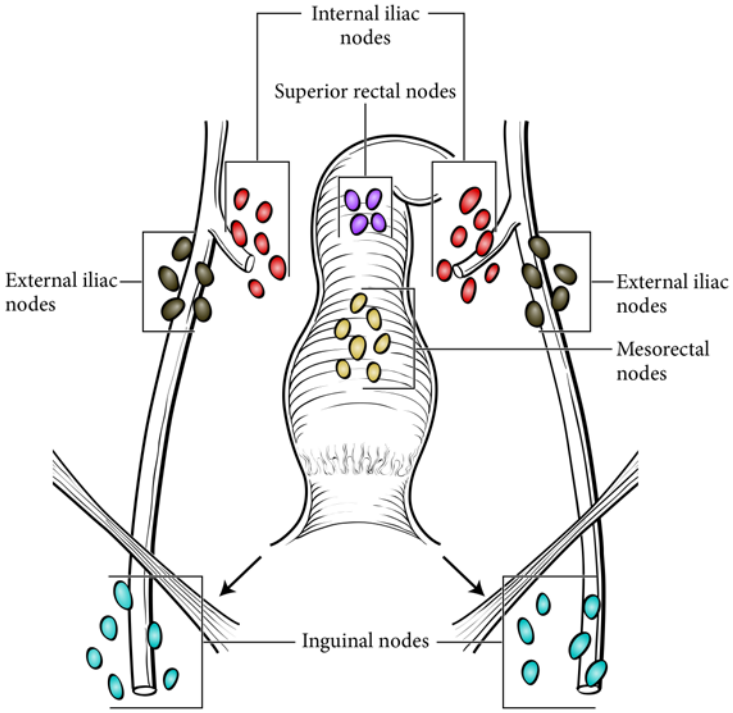


FIGURE 21.3. Regional lymph nodes of the anal canal.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
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	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	T1	Solitary tumor ≤2 cm, or >2 cm without vascular invasion
	T1a	Solitary tumor ≤2 cm
	T1b	Solitary tumor >2 cm without vascular invasion
	T2	Solitary tumor >2 cm with vascular invasion, or multiple tumors, none >5 cm
	T3	Multiple tumors, at least one of which is >5 cm
	T4	Single tumor or multiple tumors of any size involving a major branch of the portal vein or hepatic vein, or tumor(s) with direct invasion of adjacent organs other than the gallbladder or with perforation of visceral peritoneum

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Regional lymph node metastasis

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	T1a	N0	M0	IA
	T1b	N0	M0	IB
	T2	N0	M0	II
	T3	N0	M0	IIIA
	T4	N0	M0	IIIB
	Any T	N1	M0	IVA
	Any T	Any N	M1	IVB

Hospital Name/Address	**Patient Name/Information**

6 Registry Data Collection Variables

1.	AFP:	
2.	Fibrosis score:	Scoring system used:
3.	Hepatitis serology:	
4.	Creatinine (part of the MELD score):	
5.	Bilirubin (part of the MELD score):	
6.	Prothrombin time (INR; part of the MELD score):	

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated
	G4	Undifferentiated

8 Lymphovascular Invasion (LVI)

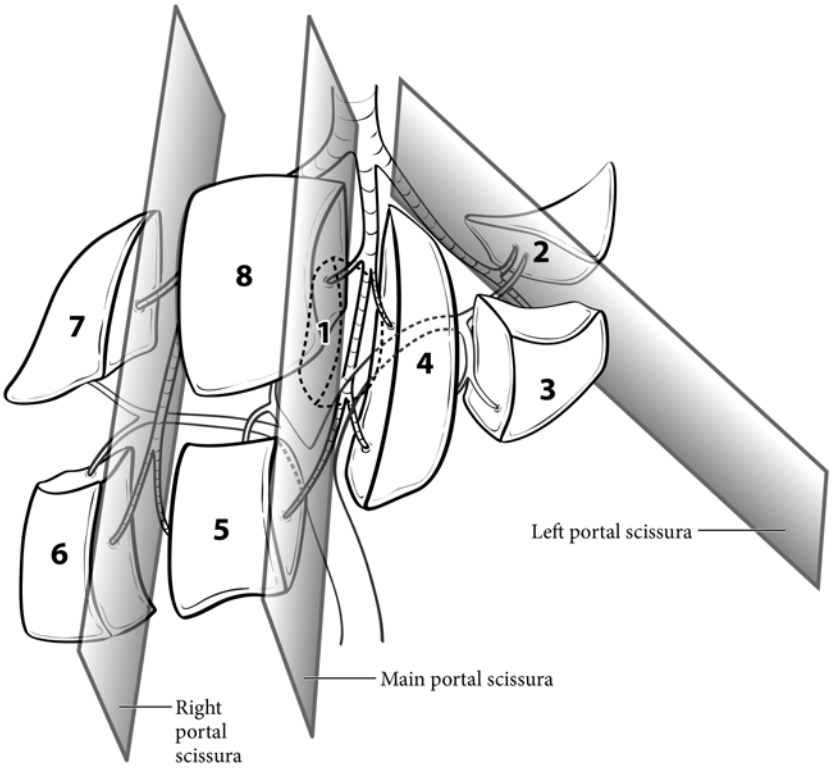
✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 22.1. Couinaud's segmental anatomy of the liver. The liver is divided into two hemilivers and eight segments according to the portal venous ramification pattern. Three major hepatic veins represent the position of scissural planes.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	Tis	Carcinoma *in situ* (intraductal tumor)
	T1	Solitary tumor without vascular invasion, ≤5 cm or >5 cm
	T1a	Solitary tumor ≤5 cm without vascular invasion
	T1b	Solitary tumor >5 cm without vascular invasion
	T2	Solitary tumor with intrahepatic vascular invasion or multiple tumors, with or without vascular invasion
	T3	Tumor perforating the visceral peritoneum
	T4	Tumor involving local extrahepatic structures by direct invasion

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Regional lymph node metastasis present

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Tis	N0	M0	0
	T1a	N0	M0	IA
	T1b	N0	M0	IB
	T2	N0	M0	II
	T3	N0	M0	IIIA
	T4	N0	M0	IIIB
	Any T	N1	M0	IIIB
	Any T	Any N	M1	IV

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Presence of nontumoral hepatic parenchymal fibrosis/cirrhosis:
2. Primary sclerosing cholangitis:
3. Serum CA 19-9 level:
4. Tumor growth pattern:

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 23.1. Liver diagram differentiating intrahepatic bile ducts from extrahepatic bile ducts and mass-forming growth pattern (A) from periductal infiltrating growth pattern (B), with associated intrahepatic biliary dilatation.

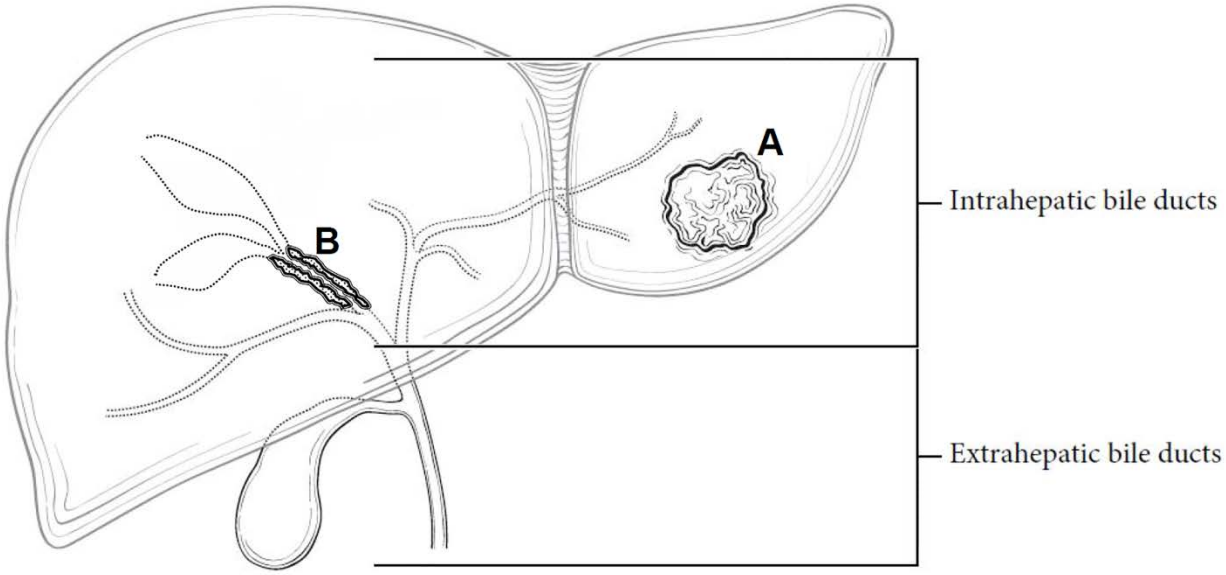
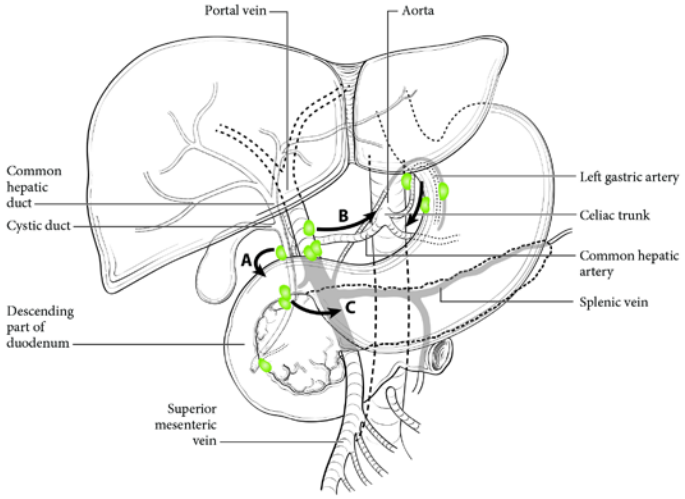


FIGURE 23.2. Differential lymphatic drainage patterns for left and right liver intrahepatic cholangiocarcinomas. Right liver tumors drain to right portal (A) and then portocaval (C) nodal basins, while left liver tumors drain to left gastric and celiac (B) nodal basins.[7]



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	Tis	Carcinoma *in situ*
	T1	Tumor invades the lamina propria or muscular layer
	T1a	Tumor invades the lamina propria
	T1b	Tumor invades the muscular layer
	T2	Tumor invades the perimuscular connective tissue on the peritoneal side, without involvement of the serosa (visceral peritoneum) Or tumor invades the perimuscular connective tissue on the hepatic side, with no extension into the liver
	T2a	Tumor invades the perimuscular connective tissue on the peritoneal side, without involvement of the serosa (visceral peritoneum)
	T2b	Tumor invades the perimuscular connective tissue on the hepatic side, with no extension into the liver
	T3	Tumor perforates the serosa (visceral peritoneum) and/or directly invades the liver and/or one other adjacent organ or structure, such as the stomach, duodenum, colon, pancreas, omentum, or extrahepatic bile ducts
	T4	Tumor invades the main portal vein or hepatic artery or invades two or more extrahepatic organs or structures

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastases to one to three regional lymph nodes
	N2	Metastases to four or more regional lymph nodes

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Tis	N0	M0	0
	T1	N0	M0	I
	T2a	N0	M0	IIA
	T2b	N0	M0	IIB
	T3	N0	M0	IIIA
	T1–3	N1	M0	IIIB
	T4	N0–1	M0	IVA
	Any T	N2	M0	IVB
	Any T	Any N	M1	IVB

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Specimen type:
2. Extent of liver resection:
3. Free peritoneal side versus hepatic side for T2 tumors:

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated

8 Lymphovascular Invasion (LVI)

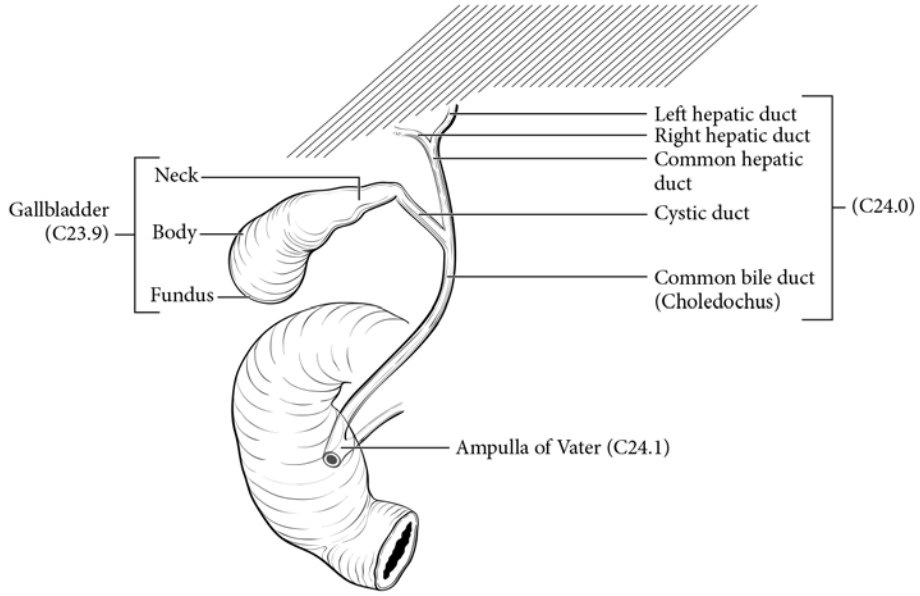
✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 24.1. Schematic of the gallbladder in relation to the liver and biliary tract.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

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3 Time of Classification (select one):

✓	*Classification*	*Definition*
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	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	Tis	Carcinoma *in situ*/high-grade dysplasia
	T1	Tumor confined to the bile duct, with extension up to the muscle layer or fibrous tissue
	T2	Tumor invades beyond the wall of the bile duct to surrounding adipose tissue, or tumor invades adjacent hepatic parenchyma
	T2a	Tumor invades beyond the wall of the bile duct to surrounding adipose tissue
	T2b	Tumor invades adjacent hepatic parenchyma
	T3	Tumor invades unilateral branches of the portal vein or hepatic artery
	T4	Tumor invades the main portal vein or its branches bilaterally, or the common hepatic artery; or unilateral second-order biliary radicals with contralateral portal vein or hepatic artery involvement

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	One to three positive lymph nodes typically involving the hilar, cystic duct, common bile duct, hepatic artery, posterior pancreatoduodenal, and portal vein lymph nodes
	N2	Four or more positive lymph nodes from the sites described for N1

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Tis	N0	M0	0
	T1	N0	M0	I
	T2a–b	N0	M0	II
	T3	N0	M0	IIIA
	T4	N0	M0	IIIB
	Any T	N1	M0	IIIC
	Any T	N2	M0	IVA
	Any T	Any N	M1	IVB

Hospital Name/Address	**Patient Name/Information**

This form continues on the next page.

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Tumor location and extent according to Bismuth–Corlette classification:
2. Papillary histology:
3. Primary sclerosing cholangitis:

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

Physician Signature Date/Time

Hospital Name/Address	**Patient Name/Information**

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✓	*Classification*	*Definition*
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	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
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	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	Tis	Carcinoma *in situ*/high-grade dysplasia
	T1	Tumor invades the bile duct wall with a depth less than 5 mm
	T2	Tumor invades the bile duct wall with a depth of 5–12 mm
	T3	Tumor invades the bile duct wall with a depth greater than 12 mm
	T4	Tumor involves the celiac axis, superior mesenteric artery, and/or common hepatic artery

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis in one to three regional lymph nodes
	N2	Metastasis in four or more regional lymph nodes

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Tis	N0	M0	0
	T1	N0	M0	I
	T1	N1	M0	IIA
	T1	N2	M0	IIIA
	T2	N0	M0	IIA
	T2	N1	M0	IIB
	T2	N2	M0	IIIA
	T3	N0	M0	IIB
	T3	N1	M0	IIB
	T3	N2	M0	IIIA
	T4	N0	M0	IIIB
	T4	N1	M0	IIIB
	T4	N2	M0	IIIB
	Any T	Any N	M1	IV

Hospital Name/Address	**Patient Name/Information**

This form continues on the next page.

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Tumor location (ICD-O-3 code lacks specificity):
   - ☐ cystic duct (Use AJCC Chapter 24 Gallbladder)
   - ☐ perihilar bile ducts (Use AJCC Chapter 25 Perihilar Bile Ducts)
   - ☐ distal bile duct (use this chapter, AJCC Chapter 26 Distal Bile Duct)
2. CEA:
3. CA 19-9:

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated

8 Lymphovascular Invasion (LVI)

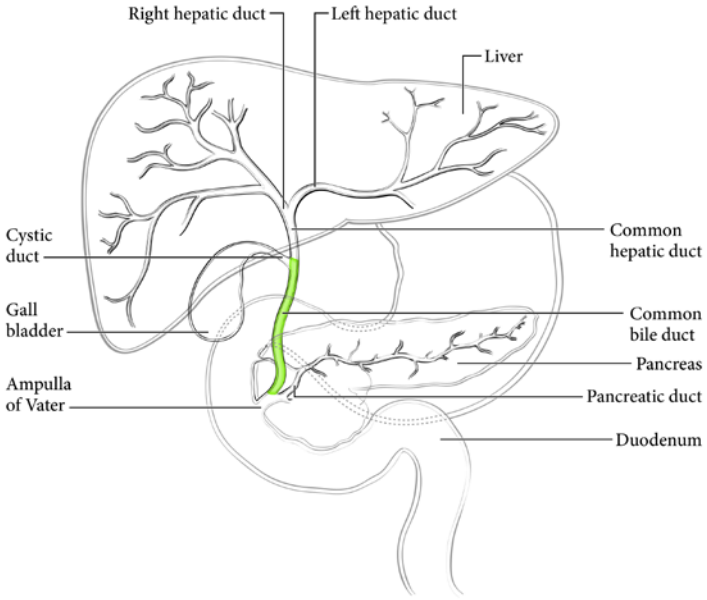
✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 26.1. Diagram highlighting the location of tumors to be staged as distal bile duct tumors. These tumors have an epicenter located between the confluence of the cystic duct and common hepatic duct and the ampulla of Vater (highlighted) (Modified from the College of American Pathologists).



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	Tis	Carcinoma *in situ*
	T1	Tumor limited to ampulla of Vater or sphincter of Oddi or tumor invades beyond the sphincter of Oddi (perisphincteric invasion) and/or into the duodenal submucosa
	T1a	Tumor limited to ampulla of Vater or sphincter of Oddi
	T1b	Tumor invades beyond the sphincter of Oddi (perisphincteric invasion) and/or into the duodenal submucosa
	T2	Tumor invades into the muscularis propria of the duodenum
	T3	Tumor directly invades the pancreas (up to 0.5 cm) or tumor extends more than 0.5 cm into the pancreas, or extends into peripancreatic or periduodenal tissue or duodenal serosa without involvement of the celiac axis or superior mesenteric artery
	T3a	Tumor directly invades pancreas (up to 0.5 cm)
	T3b	Tumor extends more than 0.5 cm into the pancreas, or extends into peripancreatic tissue or periduodenal tissue or duodenal serosa without involvement of the celiac axis or superior mesenteric artery
	T4	Tumor involves the celiac axis, superior mesenteric artery, and/or common hepatic artery, irrespective of size

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis to one to three regional lymph nodes
	N2	Metastasis to four or more regional lymph nodes

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Tis	N0	M0	0
	T1a	N0	M0	IA
	T1a	N1	M0	IIIA
	T1b	N0	M0	IB
	T1b	N1	M0	IIIA
	T2	N0	M0	IB
	T2	N1	M0	IIIA
	T3a	N0	M0	IIA
	T3a	N1	M0	IIIA
	T3b	N0	M0	IIB
	T3b	N1	M0	IIIA
	T4	Any N	M0	IIIB
	Any T	N2	M0	IIIB
	Any T	Any N	M1	IV

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Tumor size:
2. Lymph node status:
3. Margin status:
4. Histologic differentiation:
5. Histologic subtype:
6. Preoperative or pretreatment CEA:
7. Preoperative or pretreatment CA 19-9:
8. Adjuvant therapy:

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

Physician Signature Date/Time

Hospital Name/Address	**Patient Name/Information**

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	Tis	Carcinoma *in situ*. This includes high-grade pancreatic intraepithelial neoplasia (PanIn-3), intraductal papillary mucinous neoplasm with high-grade dysplasia, intraductal tubulopapillary neoplasm with high-grade dysplasia, and mucinous cystic neoplasm with high-grade dysplasia.
	T1	Tumor ≤2 cm in greatest dimension
	T1a	Tumor ≤0.5 cm in greatest dimension
	T1b	Tumor >0.5 cm and <1 cm in greatest dimension
	T1c	Tumor 1–2 cm in greatest dimension
	T2	Tumor >2 cm and ≤4 cm in greatest dimension
	T3	Tumor >4 cm in greatest dimension
	T4	Tumor involves celiac axis, superior mesenteric artery, and/or common hepatic artery, regardless of size

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastases
	N1	Metastasis in one to three regional lymph nodes
	N2	Metastasis in four or more regional lymph nodes

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system.

Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Tis	N0	M0	0
	T1	N0	M0	IA
	T1	N1	M0	IIB
	T1	N2	M0	III
	T2	N0	M0	IB
	T2	N1	M0	IIB
	T2	N2	M0	III
	T3	N0	M0	IIA
	T3	N1	M0	IIB
	T3	N2	M0	III
	T4	Any N	M0	III
	Any T	Any N	M1	IV

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Preoperative CA 19-9:
2. Preoperative carcinoembryonic antigen (CEA):

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated

8 Lymphovascular Invasion (LVI)

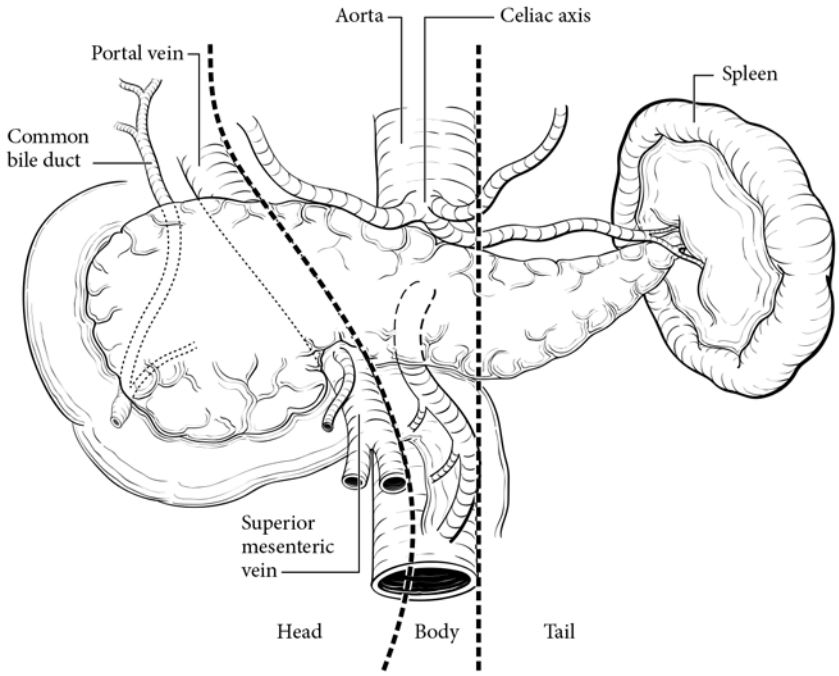
✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 28.1. Tumors of the head of the pancreas are those arising to the right of the superior mesenteric-portal vein confluence. Tumors of the body of the pancreas are those arising between the left border of the superior mesenteric vein and the left border of the aorta. Tumors of the tail of the pancreas are those arising between the left border of the aorta and the hilum of the spleen.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

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3 Time of Classification (select one):

✓	*Classification*	*Definition*
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	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	T1*	Invades the lamina propria or submucosa and less than or equal to 1 cm in size
	T2*	Invades the muscularis propria or greater than 1 cm in size
	T3*	Invades through the muscularis propria into subserosal tissue without penetration of overlying serosa
	T4*	Invades visceral peritoneum (serosa) or other organs or adjacent structures

Note:* For any T, add (m) for multiple tumors [TX(#) or TX(m), where X = 1–4 and # = number of primary tumors identified]; for multiple tumors with different Ts, use the highest.
***Example*: If there are two primary tumors, one of which penetrates only the subserosa, we define the primary tumor as either T3(2) or T3(m).

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Regional lymph node metastasis

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	cM1a	Metastasis confined to liver
	cM1b	Metastases in at least one extrahepatic site (e.g., lung, ovary, nonregional lymph node, peritoneum, bone)
	cM1c	Both hepatic and extrahepatic metastases
	pM1	Distant metastasis, microscopically confirmed
	pM1a	Metastasis confined to liver, microscopically confirmed
	pM1b	Metastases in at least one extrahepatic site (e.g., lung, ovary, nonregional lymph node, peritoneum, bone), microscopically confirmed
	pM1c	Both hepatic and extrahepatic metastases, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	Patient Name/Information

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	TX, T0	NX, N0, N1	M1	IV
	T1	N0	M0	I
	T1	N1	M0	III
	T1	NX, N0, N1	M1	IV
	T2	N0	M0	II
	T2	N1	M0	III
	T2	NX, N0, N1	M1	IV
	T3	N0	M0	II
	T3	N1	M0	III
	T3	NX, N0, N1	M1	IV
	T4	N0	M0	III
	T4	N1	M0	III
	T4	NX, N0, N1	M1	IV

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Size of tumor (value or unknown):
2. Depth of invasion:
3. Nodal status and number of nodes involved, if applicable:
4. Sites of metastasis, if applicable:
5. Ki-67 index:
6. Mitotic count:
7. Histologic grading (from Ki-67 and mitotic count): ☐ GX ☐ G1 ☐ G2 ☐ G3
8. Preoperative pancreastatin level:
9. Preoperative gastrin level:
10. Preoperative CgA level:
11. Type of gastric NET: ☐ I ☐ II ☐ III

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Mitotic count (per 10 HPF)* < 2 and Ki-67 index (%)** < 3
	G2	Mitotic count (per 10 HPF) = 2–20 or Ki-67 index (%)** = 3–20
	G3	Mitotic count (per 10 HPF) > 20 or Ki-67 index (%)** > 20

*10 HPF = 2 mm^2; at least 50 HPF (at 40× magnification) must be evaluated in areas of highest mitotic density in order to adhere to WHO 2010 criteria.

**MIB1 antibody; % of 500–2,000 tumor cells in areas of highest nuclear labeling.

In cases of disparity between Ki-67 proliferative index and mitotic count, the result that indicates a higher-grade tumor should be selected as the final grade. For example, a mitotic count of 1 per 10 HPF and a Ki-67 of 12% should be designated as a G2 NET.

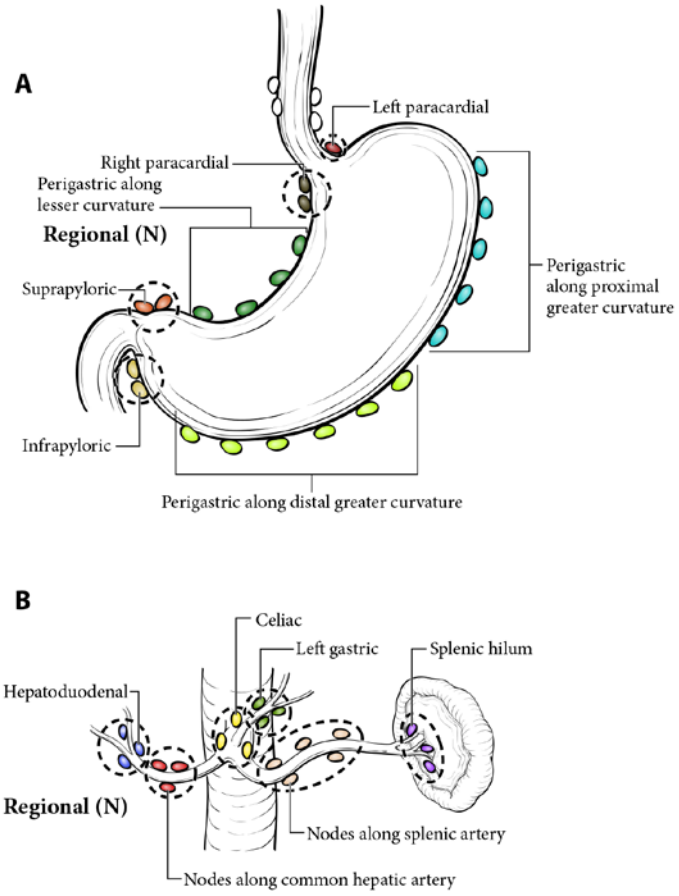
Hospital Name/Address	**Patient Name/Information**

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

9 Anatomy

FIGURE 29.1. The regional lymph nodes of the stomach for neuroendocrine tumors.



Physician Signature Date/Time

Hospital Name/Address	Patient Name/Information

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2 Instructions

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The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T1	Tumor invades the mucosa or submucosa only and is ≤1 cm (duodenal tumors); Tumor ≤1 cm and confined within the sphincter of Oddi (ampullary tumors)
	T2	Tumor invades the muscularis propria or is >1 cm (duodenal); Tumor invades through sphincter into duodenal submucosa or muscularis propria, or is >1 cm (ampullary)
	T3	Tumor invades the pancreas or peripancreatic adipose tissue
	T4	Tumor invades the visceral peritoneum (serosa) or other organs

Note: Multiple tumors should be designated as such (and the largest tumor should be used to assign the T category):

- If the number of tumors is known, use T(#); e.g., pT3(4)N0M0.
- If the number of tumors is unavailable or too numerous, use the suffix *m*—T(m)—e.g., pT3(m)N0M0.

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node involvement
	N1	Regional lymph node involvement

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastases
	cM1a	Metastasis confined to liver
	cM1b	Metastases in at least one extrahepatic site (e.g., lung, ovary, nonregional lymph node, peritoneum, bone)
	cM1c	Both hepatic and extrahepatic metastases
	pM1	Distant metastases, microscopically confirmed
	pM1a	Metastasis confined to liver, microscopically confirmed
	pM1b	Metastases in at least one extrahepatic site (e.g., lung, ovary, nonregional lymph node, peritoneum, bone), microscopically confirmed
	pM1c	Both hepatic and extrahepatic metastases, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	T1	N0	M0	I
	T2	N0	M0	II
	T3	N0	M0	II
	T4	N0	M0	III
	Any T	N1	M0	III
	Any T	Any N	M1	IV

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Size of tumor (value):

2. Maximum depth of invasion (microscopic tumor extension):

☐ Small intestine (including duodenum):
- ☐ cannot be assessed
- ☐ no evidence of primary tumor
- ☐ lamina
- ☐ propriasubmucosa
- ☐ muscularis propria
- ☐ subserosal tissue without involvement of visceral peritoneum
- ☐ penetrates serosa (visceral peritoneum)
- ☐ directly invades adjacent structures
- ☐ penetrates visceral peritoneum and adjacent structures

☐ Ampulla of Vater:
- ☐ cannot be assessed
- ☐ no evidence of primary tumor
- ☐ tumor limited to ampulla of Vater or sphincter of Oddi
- ☐ tumor invades duodenal submucosa
- ☐ tumor invades duodenal muscularis propria
- ☐ tumor invades pancreas
- ☐ tumor invades peripancreatic soft tissues
- ☐ tumor invades common bile duct
- ☐ directly invades adjacent structures

3. Number of tumors (multicentric disease at primary site):

4. Lymph node status (including number of nodes assessed and number of positive nodes):

5. Grade (based on Ki-67 and mitotic count: ☐ GX (unknown) ☐ G1 ☐ G2 ☐ G3

6. Mitotic count (value):

7. Ki-67 Labeling Index (value):

8. Perineural invasion: ☐ Yes ☐ No

9. Lymphovascular invasion: ☐ Yes ☐ No

10. Margin status: ☐ Positive (+) ☐ Negative (−)

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

11. Functional status: ☐ Yes ☐ No If yes, then select type of syndrome:
- ☐ Functional:
  - ☐ Gastrininoma (ZES)
  - ☐ Somatostatinoma
  - ☐ NET causing carcinoid syndrome (5HIAA, serotonin excess)
  - ☐ Other:_____
- ☐ Nonfunctional
- ☐ Unknown/unable to assess

12. Genetic syndrome: ☐ Yes ☐ No If yes, type of syndrome:
- ☐ MEN1
- ☐ Von Hippel–Lindau disease
- ☐ NF1
- ☐ Other syndrome, NOS

13. Location in duodenum: ☐ first portion ☐ second portion ☐ third portion ☐ fourth portion ☐ ampulla of Vater

14. Type of surgery:
- ☐ EMR
- ☐ Pancreaticoduodenectomy: ☐ partial ☐ complete ☐ with partial gastrectomy ☐ Without partial gastrectomy
- ☐ Whipple procedure
- ☐ Ampullectomy
- ☐ Segmental resection, small intestine
- ☐ Unknown
- ☐ Other

15. Preoperative CgA level (absolute value with ULN):

16. Preoperative pancreastatin level (absolute value with ULN):

17. Preoperative neurokinin level (absolute value with ULN):

18. Age of patient:

19. Histologic variants: ☐ Well-differentiated NET ☐ Glandular duodenal NET (somatostatinoma) ☐ Gangliocytic paraganglioma

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Mitotic count (per 10 HPF)* <2 and Ki-67 index (%)** <3
	G2	Mitotic count (per 10 HPF) = 2–20 and Ki-67 index (%)** = 3–20
	G3	Mitotic count (per 10 HPF) >20 and Ki-67 index (%)** >20

*10 HPF = 2 mm^2; at least 50 HPF (at 40× magnification) must be evaluated in areas of highest mitotic density in order to match WHO 2010 criteria.
**MIB1 antibody; % of 500–2,000 tumor cells in areas of highest nuclear labeling.

In cases of disparity between Ki-67 proliferative index and mitotic count, the result that indicates a higher-grade tumor should be selected as the final grade. For example, a mitotic count of 1 per 10 HPF and a Ki-67 of 12% should be designated as a G2 NET.

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 30.1. Anatomic sites used in the staging of tumors of the duodenum and ampulla of Vater.

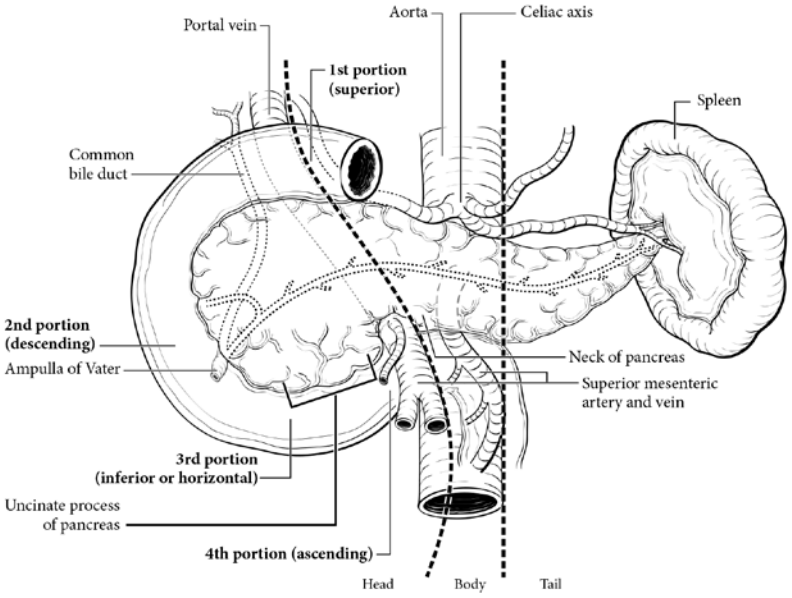
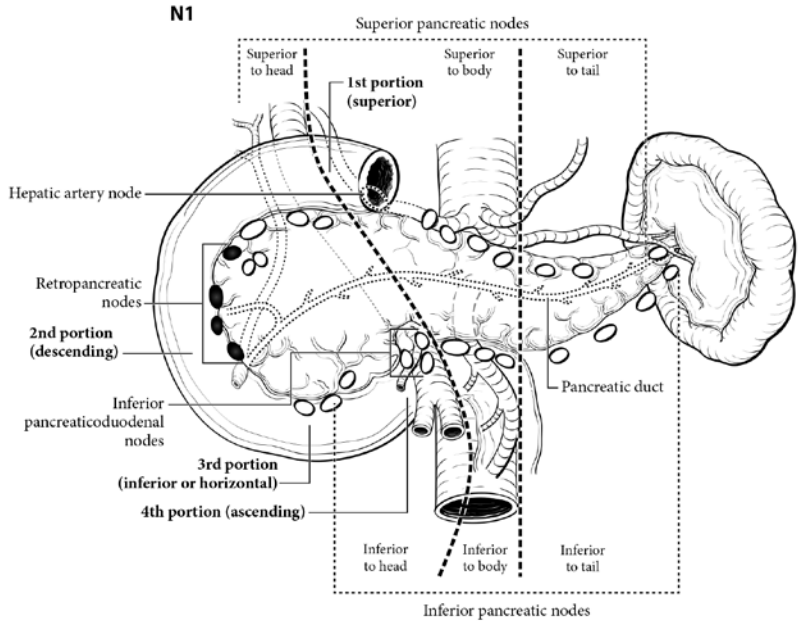


FIGURE 30.2. Regional lymph nodes of the duodenum and ampulla of Vater.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

1 Terms of Use

The cancer staging form is a specific document in the patient record; it is not a substitute for documentation of history, physical examination, and staging evaluation, or for documenting treatment plans or follow-up. The staging forms available in conjunction with the *AJCC Cancer Staging Manual, Eighth Edition* may be used by individuals without permission from the ACS or the publisher. They cannot be sold, distributed, published, or incorporated into any software (including any electronic record systems), product, or publication without a written license agreement with ACS. The forms cannot be modified, changed, or updated without the express written permission of ACS.

2 Instructions

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	T1*	Invades lamina propria or submucosa and less than or equal to 1 cm in size
	T2*	Invades muscularis propria or greater than 1 cm in size
	T3*	Invades through the muscularis propria into subserosal tissue without penetration of overlying serosa
	T4*	Invades visceral peritoneum (serosal) or other organs or adjacent structures

Note:* For any T, add (m) for multiple tumors [TX(#) or TX(m), where X = 1–4, and # = number of primary tumors identified]; for multiple tumors with different T, use the highest.
***Example*: If there are two primary tumors, only one of which invades through the muscularis propria into subserosal tissue without penetration of overlying serosa (jejunal or ileal), we define the primary tumor as either T3(2) or T3(m).

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis has occurred
	N1	Regional lymph node metastasis less than 12 nodes
	N2	Large mesenteric masses (>2 cm) and/or extensive nodal deposits (12 or greater), especially those that encase the superior mesenteric vessels

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	cM1a	Metastasis confined to liver
	cM1b	Metastases in at least one extrahepatic site (e.g., lung, ovary, nonregional lymph node, peritoneum, bone)
	cM1c	Both hepatic and extrahepatic metastases
	pM1	Distant metastasis, microscopically confirmed
	pM1a	Metastasis confined to liver, microscopically confirmed
	pM1b	Metastases in at least one extrahepatic site (e.g., lung, ovary, nonregional lymph node, peritoneum, bone), microscopically confirmed
	pM1c	Both hepatic and extrahepatic metastases, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	Patient Name/Information

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	When T is…	And N is…	And M is…	Then the stage group is…
	TX, T0	NX, N0, N1, N2	M1	IV
	T1	N0	M0	I
	T1	N1, N2	M0	III
	T1	NX, N0, N1, N2	M1	IV
	T2	N0	M0	II
	T2	N1, N2	M0	III
	T2	NX, N0, N1, N2	M1	IV
	T3	N0	M0	II
	T3	N1, N2	M0	III
	T3	NX, N0, N1, N2	M1	IV
	T4	N0	M0	III
	T4	N1, N2	M0	III
	T4	NX, N0, N1, N2	M1	IV

For multiple synchronous tumors, the highest T category should be used and the multiplicity or the number of tumors should be indicated in parenthesis: e.g., T3(2) or T3(m).

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Size of tumor (value):
2. Tumor focality (unifocal or multifocal):
3. Depth of Invasion:
4. Nodal status and number of nodes involved, if applicable:
5. Sites of metastasis, if applicable:
6. NKA level:
7. Pancreastatin level:
8. Ki-67 index:
9. Mitotic count:
10. Histologic grading (from Ki-67 and mitotic count): ☐ GX ☐ G1 ☐ G2 ☐ G3

7 Histologic Grade (G)

✓	G	G Definition
	GX	Grade cannot be assessed
	G1	Mitotic count (per 10 HPF)* < 2 and Ki-67 index (%)** < 3
	G2	Mitotic count (per 10 HPF) = 2–20 or Ki-67 index (%)** = 3–20
	G3	Mitotic count (per 10 HPF) > 20 or Ki-67 index (%)** > 20

*10 HPF = 2 mm^2; at least 50 HPFs (at 40× magnification) must be evaluated in areas of highest mitotic density in order to adhere to WHO 2010 criteria.
**MIB1 antibody; % of 500–2,000 tumor cells in areas of highest nuclear labeling.

In cases of disparity between Ki-67 proliferative index and mitotic count, the result indicating a higher-grade tumor should be selected as the final grade. For example, a mitotic count of 1 per 10 HPF and a Ki-67 of 12% should be designated as a G2 NET.

Hospital Name/Address	Patient Name/Information

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 31.1. Anatomic sites of the small intestine. This chapter stages neuroendocrine tumors of the jejunum and ileum. See chapter 30 for more information about staging neuroendocrine tumors of the duodenum.

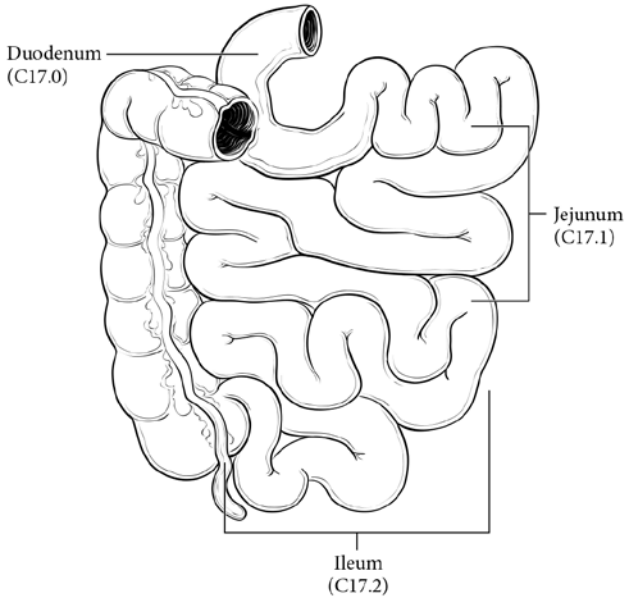
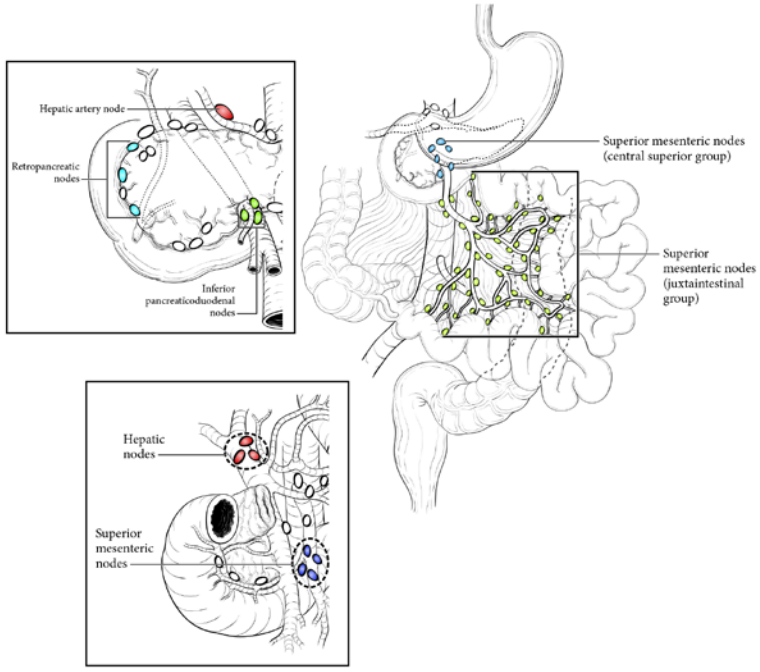


FIGURE 31.2. The regional lymph nodes of the small intestine for neuroendocrine tumors



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
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This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	T1	Tumor 2 cm or less in greatest dimension
	T2	Tumor more than 2 cm but less than or equal to 4 cm
	T3	Tumor more than 4 cm or with subserosal invasion or involvement of the mesoappendix
	T4	Tumor perforates the peritoneum or directly invades other adjacent organs or structures (excluding direct mural extension to adjacent subserosa of adjacent bowel), e.g., abdominal wall and skeletal muscle

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Regional lymph node metastasis

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	cM1a	Metastasis confined to liver
	cM1b	Metastases in at least one extrahepatic site (e.g., lung, ovary, nonregional lymph node, peritoneum, bone)
	cM1c	Both hepatic and extrahepatic metastases
	pM1	Distant metastasis, microscopically confirmed
	pM1a	Metastasis confined to liver, microscopically confirmed
	pM1b	Metastases in at least one extrahepatic site (e.g., lung, ovary, nonregional lymph node, peritoneum, bone), microscopically confirmed
	pM1c	Both hepatic and extrahepatic metastases, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

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✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
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	T1	N1	M0	III
	T1	NX, N0, N1	M1	IV
	T2	N0	M0	II
	T2	N1	M0	III
	T2	NX, N0, N1	M1	IV
	T3	N0	M0	II
	T3	N1	M0	III
	T3	NX, N0, N1	M1	IV
	T4	N0	M0	III
	T4	N1	M0	III
	T4	NX, N0, N1	M1	IV

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Size of tumor:
2. Depth of invasion:
3. Invasion of mesoappendix:
4. Number of nodes involved, mesenteric mass, mesenteric vessel encasement:
5. Perineural invasion:
6. Lymphovascular invasion:
7. Sites of metastasis, if applicable:
8. Type of surgery:
9. Ki-67 proliferative index:
10. Mitotic count:
11. Histologic grading (from Ki-67 and mitotic count): ☐ GX ☐ G1 ☐ G2 ☐ G3

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Mitotic count (per 10 HPF)* < 2 and Ki-67 index (%)** < 3
	G2	Mitotic count (per 10 HPF) = 2–20 or Ki-67 index (%)** = 3–20
	G3	Mitotic count (per 10 HPF) > 20 or Ki-67 index (%)** > 20

*10 HPF = 2 mm^2; at least 50 HPFs (at 40× magnification) must be evaluated in areas of highest mitotic density in order to match WHO 2010 criteria.
**MIB1 antibody; % of 500–2,000 tumor cells in areas of highest nuclear labeling.

In cases of disparity between Ki-67 (proliferative index) and mitotic count, the result indicating a higher-grade tumor should be selected as the final grade. For example, a mitotic count of 1 per 10 HPF and a Ki-67 of 12% should be designated as a G2 NET.

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8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
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	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 32.1. Anatomic location of the appendix

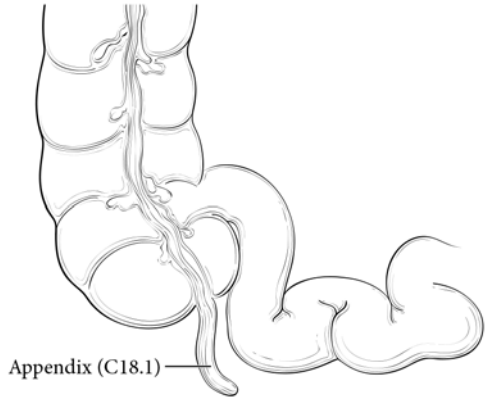
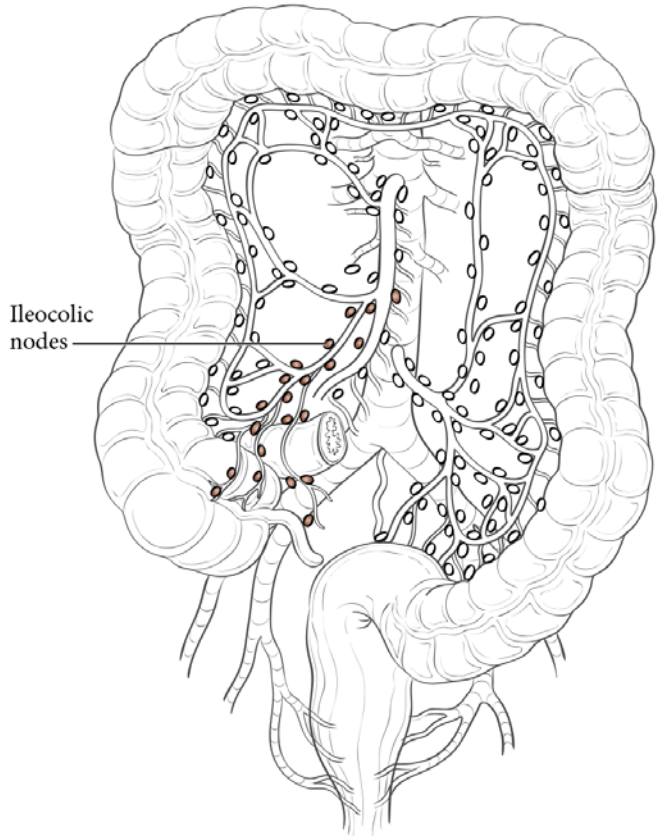


FIGURE 32.2. The regional lymph nodes of the appendix.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	T1	Tumor invades the lamina propria or submucosa and is ≤2 cm
	T1a	Tumor <1 cm in greatest dimension
	T1b	Tumor 1–2 cm in greatest dimension
	T2	Tumor invades the muscularis propria or is >2 cm with invasion of the lamina propria or submucosa
	T3	Tumor invades through the muscularis propria into subserosal tissue without penetration of overlying serosa
	T4	Tumor invades the visceral peritoneum (serosa) or other organs or adjacent structures

*_Note:_ For any T, add "(m)" for multiple tumors [TX(#) or TX(m), where X = 1–4 and # = number of primary tumors identified**]; for multiple tumors with different T, use the highest.
**_Example_: If there are two primary tumors, only one of which invades through the muscularis propria into the subserosal tissue without penetration of the overlying serosa, we define the primary tumor as either T3(2) or T3(m).

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis has occurred
	N1	Regional lymph node metastasis

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	cM1a	Metastasis confined to liver
	cM1b	Metastases in at least one extrahepatic site (e.g., lung, ovary, nonregional lymph node, peritoneum, bone)
	cM1c	Both hepatic and extrahepatic metastases
	pM1	Distant metastasis, microscopically confirmed
	pM1a	Metastasis confined to liver, microscopically confirmed
	pM1b	Metastases in at least one extrahepatic site (e.g., lung, ovary, nonregional lymph node, peritoneum, bone), microscopically confirmed
	pM1c	Both hepatic and extrahepatic metastases, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	When T is…	And N is…	And M is…	Then the stage group is…
	TX, T0	Any N	M1	IV
	T1	N0	M0	I
	T1	N1	M0	IIIB
	T1	Any N	M1	IV
	T2	N0	M0	IIA
	T2	N1	M0	IIIB
	T2	Any N	M1	IV
	T3	N0	M0	IIB
	T3	N1	M0	IIIB
	T3	Any N	M1	IV
	T4	N0	M0	IIIA
	T4	N1	M0	IIIB
	T4	Any N	M1	IV

Note: For multiple synchronous tumors, the highest T category should be used and the multiplicity or the number of tumors should be indicated in parenthesis, e.g., T3(2) or T3(m).

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Tumor site:
2. Size of tumor (value):
3. Depth of invasion:
4. Nodal status and number of nodes involved, if applicable:
5. Sites of metastasis, if applicable:
6. Ki-67 index:
7. Mitotic count:
8. Histologic grade (from Ki-67 and mitotic count): ☐ GX ☐ G1 ☐ G2 ☐ G3

7 Histologic Grade (G)

✓	G	G Definition
	GX	Grade cannot be assessed
	G1	Mitotic count (per 10 HPF)* <2 and Ki-67 Index (%)** <3
	G2	Mitotic count (per 10 HPF) = 2–20 or Ki-67 index (%)** = 3–20
	G3	Mitotic count (per 10 HPF) >20 or Ki-67 index (%)** >20

*10 HPF = 2 mm^2; at least 50 HPF (at 40× magnification) must be evaluated in areas of highest mitotic density in order to adhere to WHO 2010 criteria.
**MIB1 antibody; % of 500–2,000 tumor cells in areas of highest nuclear labeling.

In cases of disparity between Ki-67 proliferative index and mitotic count, the result indicating a higher-grade tumor should be selected as the final grade. For example, a mitotic count of 1 per 10 HPF and a Ki-67 of 12% should be designated as a G2 NET.

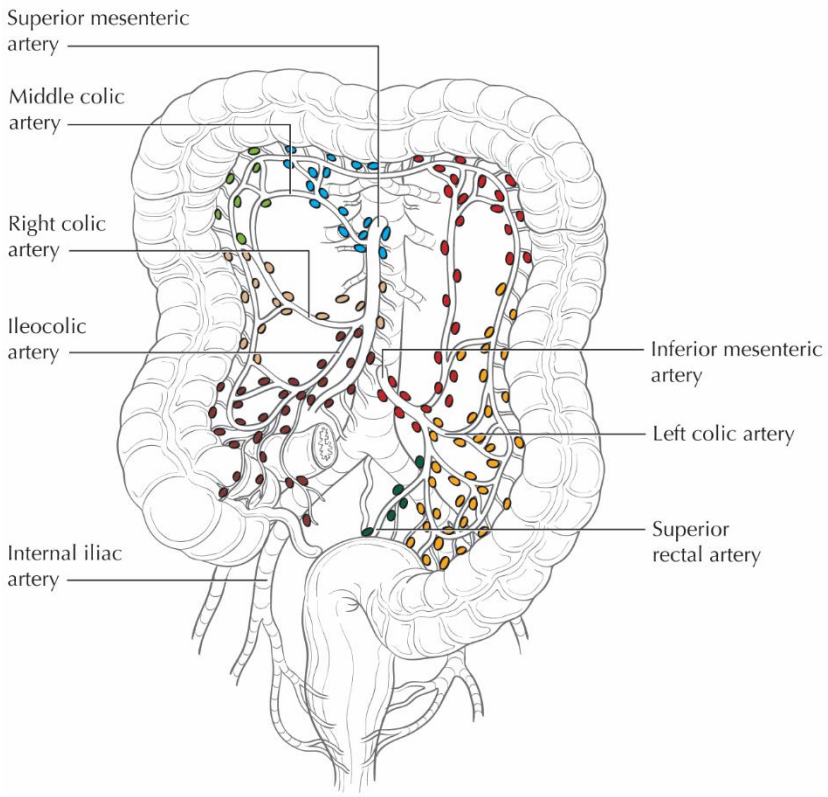
Hospital Name/Address	Patient Name/Information

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

9 Anatomy

FIGURE 33.1. Regional lymph nodes for NETs of the colon and rectum.



Physician Signature Date/Time

Hospital Name/Address	Patient Name/Information

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3 Time of Classification (select one):

✓	*Classification*	*Definition*
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	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Tumor cannot be assessed
	T1	Tumor limited to the pancreas,* <2 cm
	T2	Tumor limited to the pancreas,* 2–4 cm
	T3	Tumor limited to the pancreas,* >4 cm; or tumor invading the duodenum or common bile duct
	T4	Tumor invading adjacent organs (stomach, spleen, colon, adrenal gland) or the wall of large vessels (celiac axis or the superior mesenteric artery)

**Limited to the pancreas* means there is no invasion of adjacent organs (stomach, spleen, colon, adrenal gland) or the wall of large vessels (celiac axis or the superior mesenteric artery). Extension of tumor into peripancreatic adipose tissue is NOT a basis for staging.

Note: Multiple tumors should be designated as such (the largest tumor should be used to assign T category):

- If the number of tumors is known, use T(#); e.g., pT3(4) N0 M0.
- If the number of tumors is unavailable or too numerous, use the *m* suffix, T(m); e.g., pT3(m) N0 M0.

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node involvement
	N1	Regional lymph node involvement

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastases
	cM1a	Metastasis confined to liver
	cM1b	Metastases in at least one extrahepatic site (e.g., lung, ovary, nonregional lymph node, peritoneum, bone)
	cM1c	Both hepatic and extrahepatic metastases
	pM1	Distant metastases
	pM1a	Metastasis confined to liver
	pM1b	Metastases in at least one extrahepatic site (e.g., lung, ovary, nonregional lymph node, peritoneum, bone)
	pM1c	Both hepatic and extrahepatic metastases

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	T1	N0	M0	I
	T2	N0	M0	II
	T3	N0	M0	II
	T4	N0	M0	III
	Any T	N1	M0	III
	Any T	Any N	M1	IV

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Size of tumor (value):
2. Presence of invasion into adjacent organs/structures: ☐ Yes ☐ No
   If yes, which ones (pick all that apply):
   ☐ Stomach ☐ Duodenum ☐ Spleen
   ☐ Colon ☐ Other: _____
   If yes, were multiple adjacent organs involved?
   ☐ Yes ☐ No
3. Presence of necrosis:
4. Number of tumors (multicentric disease at primary site):
5. Lymph node status (including number of lymph nodes assessed and number of positive nodes):
6. Grade (based on Ki-67 and/or mitotic count): ☐ GX ☐ G1 ☐ G2 ☐ G3
7. Mitotic count (value):
8. Ki-67 Labeling Index (value):
9. Perineural invasion: ☐ Yes ☐ No
10. Lymphovascular invasion: ☐ Yes ☐ No
11. Margin status: ☐ Positive (+) ☐ Negative (−)
12. Functional status: ☐ Yes ☐ No If yes, type of syndrome:
13. Genetic syndrome: ☐ Yes ☐ No If yes, type of syndrome:
14. Location in pancreas: ☐ head ☐ tail ☐ body ☐ junction body/tail ☐ junction body/head ☐ unknown
15. Type of surgery: ☐ enucleation ☐ distal pancreatectomy with splenectomy
    ☐ distal pancreatectomy without splenectomy ☐ central pancreatectomy
    ☐ pancreaticoduodenectomy (Whipple procedure) ☐ unknown ☐ other_____
16. Preoperative CgA level (absolute value with ULN):
17. Preoperative pancreastatin level (absolute value with ULN):
18. Age of patient:

Hospital Name/Address	**Patient Name/Information**

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Mitotic count (per 10 HPF)* <2 and Ki-67 index (%)** <3
	G2	Mitotic count (per 10 HPF) = 2–20 or Ki-67 index (%)** = 3–20
	G3	Mitotic count (per 10 HPF) >20 or Ki-67 index (%)** >20

*10 HPF = 2 mm^2; at least 50 HPF (at 40× magnification) must be evaluated in areas of highest mitotic density in order to match WHO 2010 criteria.
**MIB1 antibody; % of 500–2,000 tumor cells in areas of highest nuclear labeling.

In cases of disparity between Ki-67 proliferative index and mitotic count, the result that indicates a higher-grade tumor should be selected as the final grade. For example, a mitotic count of 1 per 10 HPF and a Ki-67 of 12% should be designated as a G2 NET.

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 34.1. Anatomy of the pancreas.

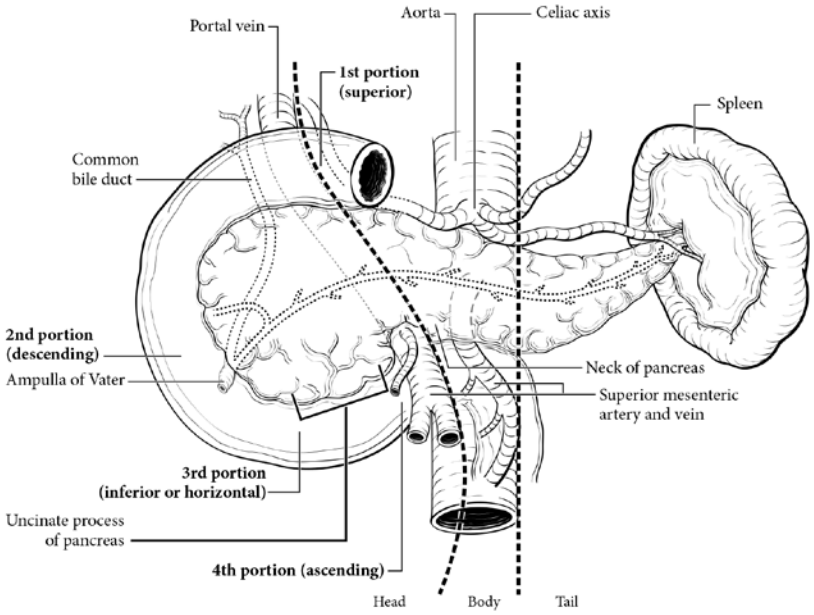
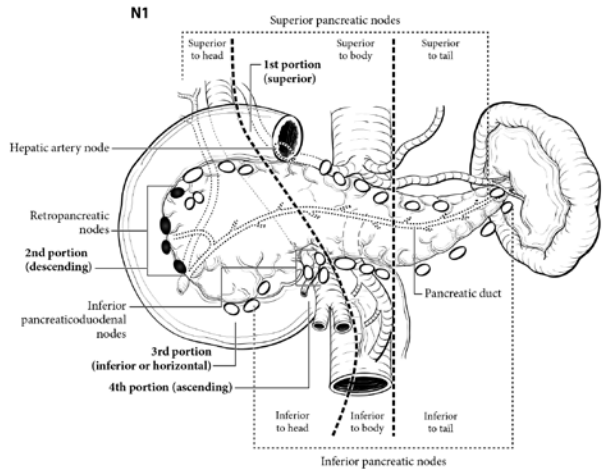


FIGURE 34.2. Regional lymph nodes of the pancreas (anterior view).



Physician Signature	Date/Time

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3 Time of Classification (select one):

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	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	T1	Tumor encapsulated or extending into the mediastinal fat; may involve the mediastinal pleura
	T1a	Tumor with no mediastinal pleura involvement
	T1b	Tumor with direct invasion of mediastinal pleura
	T2	Tumor with direct invasion of the pericardium (either partial or full thickness)
	T3	Tumor with direct invasion into any of the following: lung, brachiocephalic vein, superior vena cava, phrenic nerve, chest wall, or extrapericardial pulmonary artery or veins
	T4	Tumor with invasion into any of the following: aorta (ascending, arch, or descending), arch vessels, intrapericardial pulmonary artery, myocardium, trachea, esophagus
*Involvement must be microscopically confirmed in pathological staging, if possible. **T categories are defined by "levels" of invasion; they reflect the highest degree of invasion regardless of how many other (lower-level) structures are invaded. T1, level 1 structures: thymus, anterior mediastinal fat, mediastinal pleura; T2, level 2 structures: pericardium; T3, level 3 structures: lung, brachiocephalic vein, superior vena cava, phrenic nerve, chest wall, hilar pulmonary vessels; T4, level 4 structures: aorta (ascending, arch, or descending), arch vessels, intrapericardial pulmonary artery, myocardium, trachea, esophagus.		

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis in anterior (perithymic) lymph nodes
	N2	Metastasis in deep intrathoracic or cervical lymph nodes
*Involvement must be microscopically confirmed in pathological staging, if possible.		

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system.

Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No pleural, pericardial, or distant metastasis
	cM1	Pleural, pericardial, or distant metastasis
	cM1a	Separate pleural or pericardial nodule(s)
	cM1b	Pulmonary intraparenchymal nodule or distant organ metastasis
	pM1	Pleural, pericardial, or distant metastasis, microscopically confirmed
	pM1a	Separate pleural or pericardial nodule(s), microscopically confirmed
	pM1b	Pulmonary intraparenchymal nodule or distant organ metastasis, microscopically confirmed

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	T1a,b	N0	M0	I
	T2	N0	M0	II
	T3	N0	M0	IIIA
	T4	N0	M0	IIIB
	Any T	N1	M0	IVA
	Any T	N0,1	M1a	IVA
	Any T	N2	M0,M1a	IVB
	Any T	Any N	M1b	IVB

6 Registry Data Collection Variables

Beyond the factors required for staging, the authors have not noted any registry data collection variables.

7 Histologic Grade (G)

There is no recommended histologic grading system at this time.

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

Physician Signature Date/Time

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The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed, or tumor proven by the presence of malignant cells in sputum or bronchial washings but not visualized by imaging or bronchoscopy
	T0	No evidence of primary tumor
	Tis	Carcinoma in situ Squamous cell carcinoma in situ (SCIS) Adenocarcinoma in situ (AIS): adenocarcinoma with pure lepidic pattern, ≤3 cm in greatest dimension
	T1	Tumor ≤3 cm in greatest dimension, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion more proximal than the lobar bronchus (i.e., not in the main bronchus)
	T1mi	Minimally invasive adenocarcinoma: adenocarcinoma (≤3 cm in greatest dimension) with a predominantly lepidic pattern and ≤5 mm invasion in greatest dimension
	T1a	Tumor ≤1 cm in greatest dimension. A superficial, spreading tumor of any size whose invasive component is limited to the bronchial wall and may extend proximal to the main bronchus also is classified as T1a, but these tumors are uncommon.
	T1b	Tumor >1 cm but ≤2 cm in greatest dimension
	T1c	Tumor >2 cm but ≤3 cm in greatest dimension
	T2	Tumor >3 cm but ≤5 cm or having any of the following features: • Involves the main bronchus regardless of distance to the carina, but without involvement of the carina • Invades visceral pleura (PL1 or PL2) • Associated with atelectasis or obstructive pneumonitis that extends to the hilar region, involving part or all of the lung T2 tumors with these features are classified as T2a if ≤4 cm or if the size cannot be determined and T2b if >4 cm but ≤5 cm.
	T2a	Tumor >3 cm but ≤4 cm in greatest dimension
	T2b	Tumor >4 cm but ≤5 cm in greatest dimension
	T3	Tumor >5 cm but ≤7 cm in greatest dimension or directly invading any of the following: parietal pleura (PL3), chest wall (including superior sulcus tumors), phrenic nerve, parietal pericardium; or separate tumor nodule(s) in the same lobe as the primary
	T4	Tumor >7 cm or tumor of any size invading one or more of the following: diaphragm, mediastinum, heart, great vessels, trachea, recurrent laryngeal nerve, esophagus, vertebral body, or carina; separate tumor nodule(s) in an ipsilateral lobe different from that of the primary

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis in ipsilateral peribronchial and/or ipsilateral hilar lymph nodes and intrapulmonary nodes, including involvement by direct extension
	N2	Metastasis in ipsilateral mediastinal and/or subcarinal lymph node(s)
	N3	Metastasis in contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene, or supraclavicular lymph node(s)

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system.

Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	cM1a	Separate tumor nodule(s) in a contralateral lobe; tumor with pleural or pericardial nodules or malignant pleural or pericardial effusion. Most pleural (pericardial) effusions with lung cancer are a result of the tumor. In a few patients, however, multiple microscopic examinations of pleural (pericardial) fluid are negative for tumor, and the fluid is nonbloody and not an exudate. If these elements and clinical judgment dictate that the effusion is not related to the tumor, the effusion should be excluded as a staging descriptor.
	cM1b	Single extrathoracic metastasis in a single organ (including involvement of a single nonregional node)
	cM1c	Multiple extrathoracic metastases in a single organ or in multiple organs
	pM1	Distant metastasis, microscopically confirmed
	pM1a	Separate tumor nodule(s) in a contralateral lobe; tumor with pleural or pericardial nodules or malignant pleural or pericardial effusion, microscopically confirmed. Most pleural (pericardial) effusions with lung cancer are a result of the tumor. In a few patients, however, multiple microscopic examinations of pleural (pericardial) fluid are negative for tumor, and the fluid is nonbloody and not an exudate. If these elements and clinical judgment dictate that the effusion is not related to the tumor, the effusion should be excluded as a staging descriptor.
	pM1b	Single extrathoracic metastasis in a single organ (including involvement of a single nonregional node), microscopically confirmed
	pM1c	Multiple extrathoracic metastases in a single organ or in multiple organs, microscopically confirmed

TABLE 36.12. Guide to uniform categorization of situations beyond the standard descriptors

Situation	Category
Direct invasion of an adjacent lobe, across the fissure or directly if the fissure is incomplete, unless other criteria assign a higher T	T2a
Invasion of phrenic nerve	T3
Paralysis of the recurrent laryngeal nerve, superior vena caval obstruction, or compression of the trachea or esophagus related to direct extension of the primary tumor	T4
Paralysis of the recurrent laryngeal nerve, superior vena caval obstruction, or compression of the trachea or esophagus related to lymph node involvement	N2
Involvement of great vessels: aorta, superior vena cava, inferior vena cava, main pulmonary artery (pulmonary trunk), intrapericardial portions of the right and left pulmonary artery, intrapericardial portions of the superior and inferior right and left pulmonary veins	T4
Pancoast tumors with evidence of invasion of the vertebral body or spinal canal, encasement of the subclavian vessels, or unequivocal involvement of the superior branches of the brachial plexus (C8 or above)	T4
Pancoast tumors without the criteria for T4 classification	T3
Direct extension to parietal pericardium	T3
Direct extension to visceral pericardium	T4
Tumor extending to rib	T3
Invasion into hilar fat, unless other criteria assign a higher T	T2a
Invasion into mediastinal fat	T4
Discontinuous tumor nodules in the ipsilateral parietal or visceral pleura	M1a
Discontinuous tumor nodules outside the parietal pleura in the chest wall or in the diaphragm	M1b or M1c

Hospital Name/Address	Patient Name/Information

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	TX	N0	M0	Occult carcinoma
	Tis	N0	M0	0
	T1mi	N0	M0	IA1
	T1a	N0	M0	IA1
	T1a	N1	M0	IIB
	T1a	N2	M0	IIIA
	T1a	N3	M0	IIIB
	T1b	N0	M0	IA2
	T1b	N1	M0	IIB
	T1b	N2	M0	IIIA
	T1b	N3	M0	IIIB
	T1c	N0	M0	IA3
	T1c	N1	M0	IIB
	T1c	N2	M0	IIIA
	T1c	N3	M0	IIIB
	T2a	N0	M0	IB
	T2a	N1	M0	IIB
	T2a	N2	M0	IIIA
	T2a	N3	M0	IIIB
	T2b	N0	M0	IIA
	T2b	N1	M0	IIB
	T2b	N2	M0	IIIA
	T2b	N3	M0	IIIB
	T3	N0	M0	IIB
	T3	N1	M0	IIIA
	T3	N2	M0	IIIB
	T3	N3	M0	IIIC
	T4	N0	M0	IIIA
	T4	N1	M0	IIIA
	T4	N2	M0	IIIB
	T4	N3	M0	IIIC
	Any T	Any N	M1	IV
	Any T	Any N	M1a	IVA
	Any T	Any N	M1b	IVA
	Any T	Any N	M1c	IVB

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

6 Registry Data Collection Variables

See chapter for more details on these variables.

For data collection, all T, N, and M descriptors and at least the prognostic factors considered essential and additional in Additional Factors Recommended for Clinical Care should be collected.

For surgically resected non–small cell lung cancer

1. Patient related
    a. Gender:
    b. Age:
    c. Weight loss:
    d. Performance status:
2. Environment related
    a. Resection margins:
    b. Adequacy of mediastinal dissection:

For advanced non–small cell lung cancer

1. Tumor related
    a. EGFR mutation:
    b. ALK gene rearrangement:
2. Patient related
    a. Gender:
    b. Symptoms:
    c. Weight loss:
    d. Performance status:
3. Environment related
    a. Chemoradiotherapy:
    b. Chemotherapy:

For small cell lung cancer

1. Patient related
    a. Performance status:
    b. Age:
    c. Comorbidity:
2. Environment related
    a. Chemotherapy:
    b. Thoracic radiotherapy:
    c. Prophylactic cranial radiotherapy:

This form continues on the next page.

Hospital Name/Address	Patient Name/Information

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade of differentiation cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated
	G4	Undifferentiated

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

Physician Signature Date/Time

Hospital Name/Address	**Patient Name/Information**

1 Terms of Use

The cancer staging form is a specific document in the patient record; it is not a substitute for documentation of history, physical examination, and staging evaluation, or for documenting treatment plans or follow-up. The staging forms available in conjunction with the *AJCC Cancer Staging Manual, Eighth Edition* may be used by individuals without permission from the ACS or the publisher. They cannot be sold, distributed, published, or incorporated into any software (including any electronic record systems), product, or publication without a written license agreement with ACS. The forms cannot be modified, changed, or updated without the express written permission of ACS.

2 Instructions

See Principles of Cancer Staging (Chapter 1) of the *AJCC Cancer Staging Manual, Eighth Edition* for complete staging rules. Always refer to the respective chapter in the Manual for disease-specific rules for classification, as this form is not representative of all rules, exceptions and instructions for this disease.

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The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	T1	Tumor limited to the ipsilateral parietal pleura with or without involvement of • visceral pleura • mediastinal pleura • diaphragmatic pleura
	T2	Tumor involving each of the ipsilateral pleural surfaces (parietal, mediastinal, diaphragmatic, and visceral pleura) with at least one of the following features: • involvement of diaphragmatic muscle • extension of tumor from visceral pleura into the underlying pulmonary parenchyma
	T3	Describes locally advanced but **potentially resectable** tumor. Tumor involving all the ipsilateral pleural surfaces (parietal, mediastinal, diaphragmatic, and visceral pleura) with at least one of the following features: • involvement of the endothoracic fascia • extension into the mediastinal fat • solitary, completely resectable focus of tumor extending into the soft tissues of the chest wall • nontransmural involvement of the pericardium
	T4	Describes locally advanced **technically unresectable** tumor. Tumor involving all the ipsilateral pleural surfaces (parietal, mediastinal, diaphragmatic, and visceral pleura) with at least one of the following features: • diffuse extension or multifocal masses of tumor in the chest wall, with or without associated rib destruction • direct transdiaphragmatic extension of tumor to the peritoneum • direct extension of tumor to the contralateral pleura • direct extension of tumor to mediastinal organs • direct extension of tumor into the spine • tumor extending through to the internal surface of the pericardium with or without a pericardial effusion; or tumor involving the myocardium

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastases
	N1	Metastases in the ipsilateral bronchopulmonary, hilar, or mediastinal (including the internal mammary, peridiaphragmatic, pericardial fat pad, or intercostal) lymph nodes
	N2	Metastases in the contralateral mediastinal, ipsilateral, or contralateral supraclavicular lymph nodes

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system.

Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	T1	N0	M0	IA
	T2 or T3	N0	M0	IB
	T1	N1	M0	II
	T2	N1	M0	II
	T3	N1	M0	IIIA
	T1–3	N2	M0	IIIB
	T4	Any N	M0	IIIB
	Any T	Any N	M1	IV

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Histologic type:
2. Sex:
3. Age:
4. Performance status:
5. Laboratory parameters including
   a. WBC:
   b. Platelet count:
   c. Hemoglobin:
6. Surgical resection with curative intent: ☐ pleurectomy/decortications ☐ extended pleurectomy/decortications ☐ extrapleural pneumonectomy
7. For patients undergoing multimodality therapy, use of chemotherapy and/or radiotherapy:

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade of differentiation cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated
	G4	Undifferentiated

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 37.9. Anatomy of the pleura.

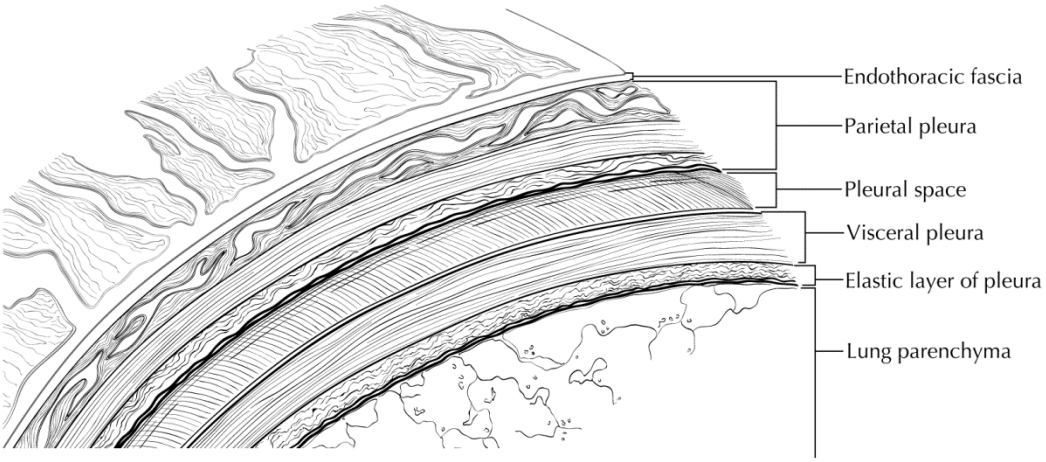
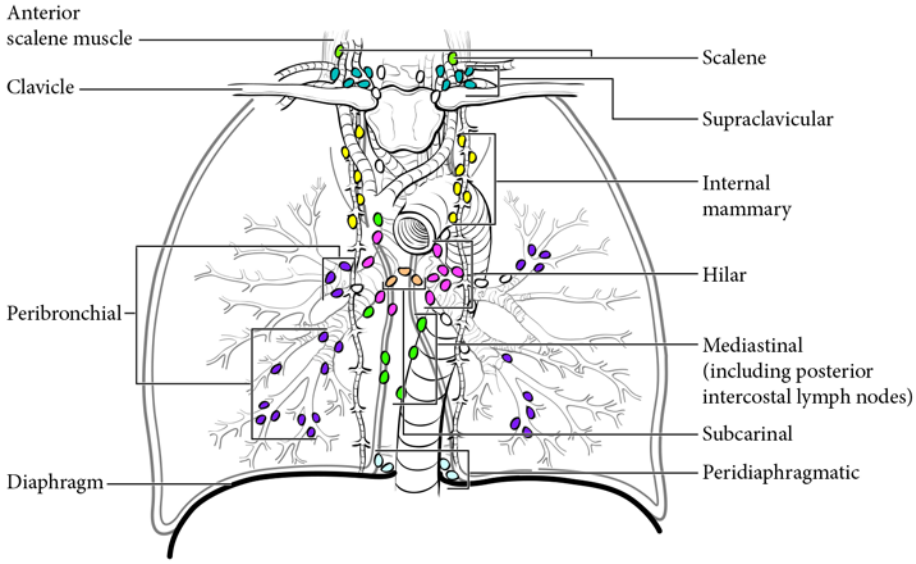


FIGURE 37.10. Regional lymph nodes of the pleura.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

38. Bone

The Definitions of Primary Tumor (T) differ among cancers arising in the Appendicular Skeleton, Trunk, Skull and Facial Bones, the Spine, and the Pelvis. Additionally, there are no AJCC Prognostic Stage Groups for Spine and Pelvic Bone tumors at this time. It is for this reason that there are 3 separate staging forms for this chapter. Please choose the appropriate staging form based on primary site.

38.1 Bone: Appendicular Skeleton, Trunk, Skull and Facial Bones

38.2 Bone: Spine

38.3 Bone: Pelvis

1 Terms of Use

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2 Instructions

See Principles of Cancer Staging (Chapter 1) of the *AJCC Cancer Staging Manual, Eighth Edition* for complete staging rules. Always refer to the respective chapter in the Manual for disease-specific rules for classification, as this form is not representative of all rules, exceptions and instructions for this disease.

This form may be used by physicians to record data on T, N, and M categories; prognostic stage groups; additional prognostic factors; cancer grade; and other important information. This form may be useful for recording information in the medical record and for communicating information from physicians to the cancer registrar.

The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	T1	Tumor ≤8 cm in greatest dimension
	T2	Tumor >8 cm in greatest dimension
	T3	Discontinuous tumors in the primary bone site

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed. Because of the rarity of lymph node involvement in bone sarcomas, the designation NX may not be appropriate, and cases should be considered N0 unless clinical node involvement clearly is evident.
	N0	No regional lymph node metastasis
	N1	Regional lymph node metastasis

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system.

Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	cM1a	Lung
	cM1b	Bone or other distant sites
	pM1	Distant metastasis, microscopically confirmed
	pM1a	Lung, microscopically confirmed
	pM1b	Bone or other distant sites. Microscopically confirmed

5 Prognostic Factors Required for Stage Grouping

5.1 Definition of Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated, low grade
	G2	Moderately differentiated, high grade
	G3	Poorly differentiated, high grade

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

6 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*And G is…*	*Then the stage group is…*
	T1	N0	M0	G1 or GX	IA
	T2	N0	M0	G1 or GX	IB
	T3	N0	M0	G1 or GX	IB
	T1	N0	M0	G2 or G3	IIA
	T2	N0	M0	G2 or G3	IIB
	T3	N0	M0	G2 or G3	III
	Any T	N0	M1a	Any G	IVA
	Any T	N1	Any M	Any G	IVB
	Any T	Any N	M1b	Any G	IVB

7 Registry Data Collection Variables

See chapter for more details on these variables.

1. Grade: ☐ GX ☐ G1 ☐ G2 ☐ G3
2. Three dimensions of tumor size:
3. Percentage of necrosis after neoadjuvant systemic therapy, from pathology report:
4. Number of resected pulmonary metastases, from pathology report:

8 Lymphovascular Invasion (LVI)

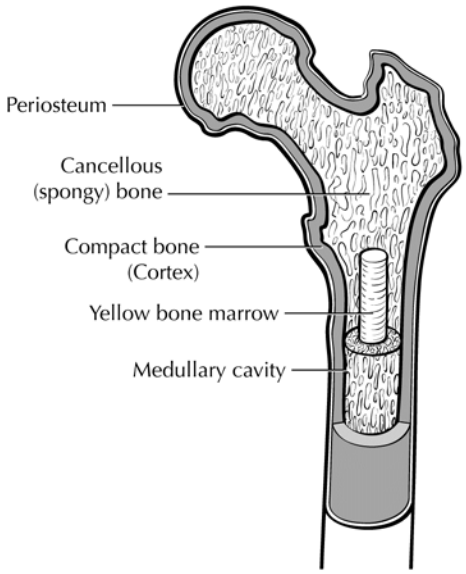
✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 38.12. The anatomic subsites of the bone.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

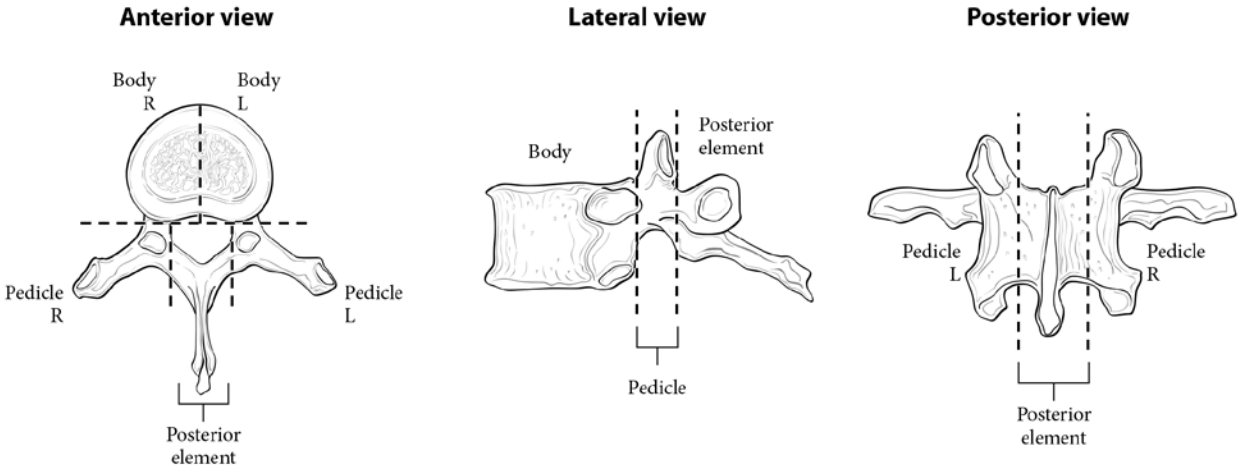
Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	T1	Tumor confined to one vertebral segment or two adjacent vertebral segments
	T2	Tumor confined to three adjacent vertebral segments
	T3	Tumor confined to four or more adjacent vertebral segments, or any nonadjacent vertebral segments
	T4	Extension into the spinal canal or great vessels
	T4a	Extension into the spinal canal
	T4b	Evidence of gross vascular invasion or tumor thrombus in the great vessels

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

FIGURE 38.1. Spine segments for staging.



4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed. Because of the rarity of lymph node involvement in bone sarcomas, the designation NX may not be appropriate, and cases should be considered N0 unless clinical node involvement clearly is evident.
	N0	No regional lymph node metastasis
	N1	Regional lymph node metastasis

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

This form continues on the next page.

Hospital Name/Address	Patient Name/Information

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system.
Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	cM1a	Lung
	cM1b	Bone or other distant sites
	pM1	Distant metastasis, microscopically confirmed
	pM1a	Lung, microscopically confirmed
	pM1b	Bone or other distant sites. Microscopically confirmed

5 AJCC Prognostic Stage Groups

There is no AJCC Prognostic Stage Grouping for spine. Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Grade: ☐ GX ☐ G1 ☐ G2 ☐ G3
2. Three dimensions of tumor size:
3. Percentage of necrosis after neoadjuvant systemic therapy, from pathology report:
4. Number of resected pulmonary metastases, from pathology report:

7 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

Physician Signature Date/Time

Hospital Name/Address	**Patient Name/Information**

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3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

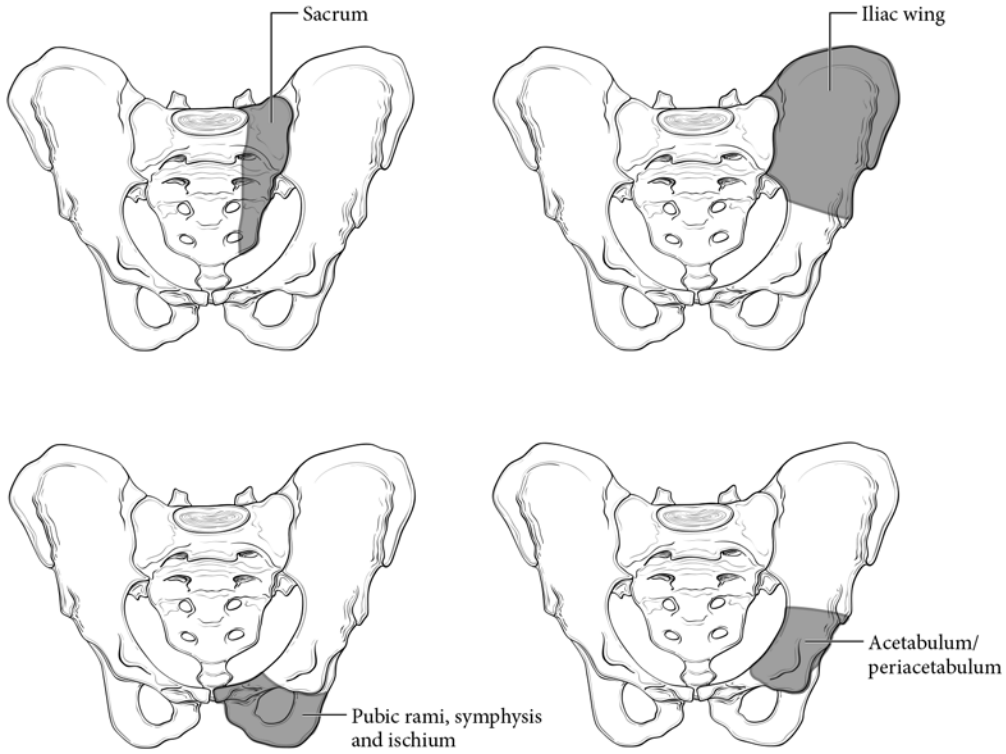
Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	T1	Tumor confined to one pelvic segment with no extraosseous extension
	T1a	Tumor ≤8 cm in greatest dimension
	T1b	Tumor >8 cm in greatest dimension
	T2	Tumor confined to one pelvic segment with extraosseous extension or two segments without extraosseous extension
	T2a	Tumor ≤8 cm in greatest dimension
	T2b	Tumor >8 cm in greatest dimension
	T3	Tumor spanning two pelvic segments with extraosseous extension
	T3a	Tumor ≤8 cm in greatest dimension
	T3b	Tumor >8 cm in greatest dimension
	T4	Tumor spanning three pelvic segments or crossing the sacroiliac joint
	T4a	Tumor involves sacroiliac joint and extends medial to the sacral neuroforamen
	T4b	Tumor encasement of external iliac vessels or presence of gross tumor thrombus in major pelvic vessels

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

FIGURE 38.2. Pelvic segments for staging.



Hospital Name/Address	Patient Name/Information

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed. Because of the rarity of lymph node involvement in bone sarcomas, the designation NX may not be appropriate, and cases should be considered N0 unless clinical node involvement clearly is evident.
	N0	No regional lymph node metastasis
	N1	Regional lymph node metastasis

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system.
Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	cM1a	Lung
	cM1b	Bone or other distant sites
	pM1	Distant metastasis, microscopically confirmed
	pM1a	Lung, microscopically confirmed
	pM1b	Bone or other distant sites. Microscopically confirmed

5 AJCC Prognostic Stage Groups

There is no AJCC Prognostic Stage Grouping for pelvis. Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Grade: ☐ GX ☐ G1 ☐ G2 ☐ G3
2. Three dimensions of tumor size:
3. Percentage of necrosis after neoadjuvant systemic therapy, from pathology report:
4. Number of resected pulmonary metastases, from pathology report:

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

7 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

Physician Signature	Date/Time

Hospital Name/Address	**Patient Name/Information**

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
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	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T1	Tumor ≤2 cm
	T2	Tumor >2 to ≤4 cm
	T3	Tumor >4 cm
	T4	Tumor with invasion of adjoining structures
	T4a	Tumor with orbital invasion, skull base/dural invasion, invasion of central compartment viscera, involvement of facial skeleton, or invasion of pterygoid muscles
	T4b	Tumor with brain parenchymal invasion, carotid artery encasement, prevertebral muscle invasion, or central nervous system involvement via perineural spread

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

	N Category	*N Criteria*
	N0	No regional lymph node metastases or unknown lymph node status
	N1	Regional lymph node metastasis

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system.

Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

5 AJCC Prognostic Stage Groups

This is a new classification that needs data collection before defining a stage grouping for head and neck sarcomas. Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Bone invasion as determined by imaging:
2. If pM1, source of pathological metastatic specimen:
3. Additional dimensions of tumor size:
4. FNCLCC grade:
5. Central nervous system extension (head and neck primaries):

7 FNCLCC Histologic Grade (G)

The FNCLCC grade is determined by three parameters: differentiation, mitotic activity, and extent of necrosis. Each parameter is scored as follows: differentiation (1–3), mitotic activity (1–3), and necrosis (0–2). The scores are added to determine the grade.

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Total differentiation, mitotic count and necrosis score of 2 or 3
	G2	Total differentiation, mitotic count and necrosis score of 4 or 5
	G3	Total differentiation, mitotic count and necrosis score of 6, 7, or 8

7.1 Tumor Differentiation

Tumor differentiation is histology specific (see chapter 39, table 39.1) and is generally scored as follows:

✓	*Differentiation Score*	*Definition*
	1	Sarcomas closely resembling normal adult mesenchymal tissue (e.g., low-grade leiomyosarcoma)
	2	Sarcomas for which histologic typing is certain (e.g., myxoid/round cell liposarcoma)
	3	Embryonal and undifferentiated sarcomas, sarcomas of doubtful type, synovial sarcomas, soft tissue osteosarcoma, Ewing sarcoma /primitive neuroectodermal tumor (PNET) of soft tissue

7.2 Mitotic Count

In the most mitotically active area of the sarcoma, 10 successive high-power fields (HPF; one HPF at 400× magnification = 0.1734 mm^2) are assessed using a 40× objective.

✓	*Mitotic Count Score*	*Definition*
	1	0–9 mitoses per 10 HPF
	2	10–19 mitoses per 10 HPF
	3	≥20 mitoses per 10 HPF

7.3 Tumor Necrosis

Evaluated on gross examination and validated with histologic sections.

✓	*Necrosis Score*	*Definition*
	0	No necrosis
	1	<50% tumor necrosis
	2	≥50% tumor necrosis

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

Physician Signature	Date/Time

Hospital Name/Address	**Patient Name/Information**

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3 Time of Classification (select one):

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	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
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	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	T1	Tumor 5 cm or less in greatest dimension
	T2	Tumor more than 5 cm and less than or equal to 10 cm in greatest dimension
	T3	Tumor more than 10 cm and less than or equal to 15 cm in greatest dimension
	T4	Tumor more than 15 cm in greatest dimension

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	N0	No regional lymph node metastases or unknown lymph node status
	N1	Regional lymph node metastasis

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system.
Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 Prognostic Factors Required for Stage Grouping

5.1 Definition of FNCLCC Histologic Grade (G)

The FNCLCC grade is determined by three parameters: differentiation, mitotic activity, and extent of necrosis. Each parameter is scored as follows: differentiation (1–3), mitotic activity (1–3), and necrosis (0–2). The scores are added to determine the grade.

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Total differentiation, mitotic count and necrosis score of 2 or 3
	G2	Total differentiation, mitotic count and necrosis score of 4 or 5
	G3	Total differentiation, mitotic count and necrosis score of 6, 7, or 8

5.1.1 Tumor Differentiation

Tumor differentiation is histology specific (see chapter 39, table 39.1) and is generally scored as follows:

✓	*Differentiation Score*	*Definition*
	1	Sarcomas closely resembling normal adult mesenchymal tissue (e.g., low-grade leiomyosarcoma)
	2	Sarcomas for which histologic typing is certain (e.g., myxoid/round cell liposarcoma)
	3	Embryonal and undifferentiated sarcomas, sarcomas of doubtful type, synovial sarcomas, soft tissue osteosarcoma, Ewing sarcoma /primitive neuroectodermal tumor (PNET) of soft tissue

5.1.2 Mitotic Count

In the most mitotically active area of the sarcoma, 10 successive high-power fields (HPF; one HPF at 400× magnification = 0.1734 mm^2) are assessed using a 40× objective.

✓	*Mitotic Count Score*	*Definition*
	1	0–9 mitoses per 10 HPF
	2	10–19 mitoses per 10 HPF
	3	≥20 mitoses per 10 HPF

5.1.3 Tumor Necrosis

Evaluated on gross examination and validated with histologic sections.

✓	*Necrosis Score*	*Definition*
	0	No necrosis
	1	<50% tumor necrosis
	2	≥50% tumor necrosis

6 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*And G is…*	*Then the stage group is…*
	T1	N0	M0	G1, GX	IA
	T2, T3, T4	N0	M0	G1, GX	IB
	T1	N0	M0	G2, G3	II
	T2	N0	M0	G2, G3	IIIA
	T3, T4	N0	M0	G2, G3	IIIB
	Any T	N1	M0	Any G	IV
	Any T	Any N	M1	Any G	IV

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

7 Registry Data Collection Variables

See chapter for more details on these variables.

1. Bone invasion as determined by imaging:
2. If pM1, source of pathological metastatic specimen:
3. Additional dimensions of tumor size:
4. FNCLCC grade:

8 Lymphovascular Invasion (LVI)

✓	***Component of LVI Coding***	***Description***
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

Physician Signature Date/Time

Hospital Name/Address	**Patient Name/Information**

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T1	Organ confined
	T2	Tumor extension into tissue beyond organ
	T2a	Invades serosa or visceral peritoneum
	T2b	Extension beyond serosa (mesentery)
	T3	Invades another organ
	T4	Multifocal involvement
	T4a	Multifocal (2 sites)
	T4b	Multifocal (3-5 sites)
	T4c	Multifocal (> 5 sites)

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	N0	No regional lymph node metastases or unknown lymph node status
	N1	Regional lymph node metastasis

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system.
Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

5 AJCC Prognostic Stage Groups

There is no recommended prognostic stage grouping at this time. Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Bone invasion as determined by imaging:
2. If pM1, source of pathological metastatic specimen:
3. Additional dimensions of tumor size:
4. FNCLCC grade:
5. Evidence of multifocality (number of sites):

7 FNCLCC Histologic Grade (G)

The FNCLCC grade is determined by three parameters: differentiation, mitotic activity, and extent of necrosis. Each parameter is scored as follows: differentiation (1–3), mitotic activity (1–3), and necrosis (0–2). The scores are added to determine the grade.

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Total differentiation, mitotic count and necrosis score of 2 or 3
	G2	Total differentiation, mitotic count and necrosis score of 4 or 5
	G3	Total differentiation, mitotic count and necrosis score of 6, 7, or 8

7.1 Tumor Differentiation

Tumor differentiation is histology specific (see chapter 39, table 39.1) and is generally scored as follows:

✓	*Differentiation Score*	*Definition*
	1	Sarcomas closely resembling normal adult mesenchymal tissue (e.g., low-grade leiomyosarcoma)
	2	Sarcomas for which histologic typing is certain (e.g., myxoid/round cell liposarcoma)
	3	Embryonal and undifferentiated sarcomas, sarcomas of doubtful type, synovial sarcomas, soft tissue osteosarcoma, Ewing sarcoma /primitive neuroectodermal tumor (PNET) of soft tissue

7.2 Mitotic Count

In the most mitotically active area of the sarcoma, 10 successive high-power fields (HPF; one HPF at 400× magnification = 0.1734 mm^2) are assessed using a 40× objective.

✓	*Mitotic Count Score*	*Definition*
	1	0–9 mitoses per 10 HPF
	2	10–19 mitoses per 10 HPF
	3	≥20 mitoses per 10 HPF

7.3 Tumor Necrosis

Evaluated on gross examination and validated with histologic sections.

✓	*Necrosis Score*	*Definition*
	0	No necrosis
	1	<50% tumor necrosis
	2	≥50% tumor necrosis

This form continues on the next page.

Hospital Name/Address	Patient Name/Information

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

Physician Signature	Date/Time

Hospital Name/Address	**Patient Name/Information**

43. Gastrointestinal Stromal Tumor

In this chapter, there are 2 separate AJCC Prognostic Stage Groups for Gastric and Omental GIST and GISTs arising in the Small Intestine, Esophagus, Colon and Rectum, Mesentery and Peritoneum. It is for this reason that there are 2 separate staging forms for this chapter. Please choose the appropriate staging form based on primary site.

43.1 Gastrointestinal Stromal Tumor: Gastric and Omental

43.2 Gastrointestinal Stromal Tumor: Small Intestinal, Esophageal, Colorectal, Mesenteric, and Peritoneal

1 Terms of Use

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	T1	Tumor 2 cm or less
	T2	Tumor more than 2 cm but not more than 5 cm
	T3	Tumor more than 5 cm but not more than 10 cm
	T4	Tumor more than 10 cm in greatest dimension

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	N0	No regional lymph node metastasis or unknown lymph node status
	N1	Regional lymph node metastasis

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system.
Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

5 Prognostic Factors Required for Stage Grouping

5.1 Definition of Mitotic Rate

✓	*Mitotic rate*	*Definition*
	Low	5 or fewer mitoses per 5 mm^2
	High	Over 5 mitoses per 5 mm^2

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

6 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*And Mitotic Rate is…*	*Then the stage group is…*
	T1 or T2	N0	M0	Low	IA
	T3	N0	M0	Low	IB
	T1	N0	M0	High	II
	T2	N0	M0	High	II
	T4	N0	M0	Low	II
	T3	N0	M0	High	IIIA
	T4	N0	M0	High	IIIB
	Any T	N1	M0	Any	IV
	Any T	Any N	M1	Any	IV

7 Registry Data Collection Variables

See chapter for more details on these variables.

1. Tumor size:
2. Tumor site: ☐ esophagus ☐ stomach ☐ duodenum ☐ jejunum/ileum ☐ rectum ☐ extraintestinal
3. Tumor mitotic rate:
4. Tumor rupture:
5. Tumor metastasis: ☐ liver ☐ peritoneum ☐ other
6. Tumor KIT immunohistochemistry:
7. Tumor mutational status of KIT, PDGFRA (if known):

8 Histologic Grade (G)

Grading for GIST is dependent on mitotic rate.

9 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

Physician Signature Date/Time

Hospital Name/Address	**Patient Name/Information**

43.2. Gastrointestinal Stromal Tumor: Small Intestinal, Esophageal, Colorectal, Mesenteric, and Peritoneal GIST

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	T1	Tumor 2 cm or less
	T2	Tumor more than 2 cm but not more than 5 cm
	T3	Tumor more than 5 cm but not more than 10 cm
	T4	Tumor more than 10 cm in greatest dimension

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	N0	No regional lymph node metastasis or unknown lymph node status
	N1	Regional lymph node metastasis

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system.
Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

5 Prognostic Factors Required for Stage Grouping

5.1 Definition of Mitotic Rate

✓	*Mitotic rate*	*Definition*
	Low	5 or fewer mitoses per 5 mm^2
	High	Over 5 mitoses per 5 mm^2

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

6 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*And Mitotic Rate is…*	*Then the stage group is…*
	T1 or T2	N0	M0	Low	I
	T3	N0	M0	Low	II
	T1	N0	M0	High	IIIA
	T4	N0	M0	Low	IIIA
	T2	N0	M0	High	IIIB
	T3	N0	M0	High	IIIB
	T4	N0	M0	High	IIIB
	Any T	N1	M0	Any rate	IV
	Any T	Any N	M1	Any rate	IV

7 Registry Data Collection Variables

See chapter for more details on these variables.

1. Tumor size:
2. Tumor site: ☐ esophagus ☐ stomach ☐ duodenum ☐ jejunum/ileum ☐ rectum ☐ extraintestinal
3. Tumor mitotic rate:
4. Tumor rupture:
5. Tumor metastasis: ☐ liver ☐ peritoneum ☐ other
6. Tumor KIT immunohistochemistry:
7. Tumor mutational status of KIT, PDGFRA (if known):

8 Histologic Grade (G)

Grading for GIST is dependent on mitotic rate.

9 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

Physician Signature Date/Time

Hospital Name/Address	**Patient Name/Information**

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
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	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	T1	Tumor 5 cm or less in greatest dimension
	T2	Tumor more than 5 cm and less than or equal to 10 cm in greatest dimension
	T3	Tumor more than 10 cm and less than or equal to 15 cm in greatest dimension
	T4	Tumor more than 15 cm in greatest dimension

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	N0	No regional lymph node metastases or unknown lymph node status
	N1	Regional lymph node metastasis

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system.
Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 Prognostic Factors Required for Stage Grouping

5.1 Definition of FNCLCC Histologic Grade (G)

The FNCLCC grade is determined by three parameters: differentiation, mitotic activity, and extent of necrosis. Each parameter is scored as follows: differentiation (1–3), mitotic activity (1–3), and necrosis (0–2). The scores are added to determine the grade.

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Total differentiation, mitotic count and necrosis score of 2 or 3
	G2	Total differentiation, mitotic count and necrosis score of 4 or 5
	G3	Total differentiation, mitotic count and necrosis score of 6, 7, or 8

5.1.1 Tumor Differentiation

Tumor differentiation is histology specific (see chapter 39, table 39.1) and is generally scored as follows:

✓	*Differentiation Score*	*Definition*
	1	Sarcomas closely resembling normal adult mesenchymal tissue (e.g., low-grade leiomyosarcoma)
	2	Sarcomas for which histologic typing is certain (e.g., myxoid/round cell liposarcoma)
	3	Embryonal and undifferentiated sarcomas, sarcomas of doubtful type, synovial sarcomas, soft tissue osteosarcoma, Ewing sarcoma /primitive neuroectodermal tumor (PNET) of soft tissue

5.1.2 Mitotic Count

In the most mitotically active area of the sarcoma, 10 successive high-power fields (HPF; one HPF at 400× magnification = 0.1734 mm^2) are assessed using a 40× objective.

✓	*Mitotic Count Score*	*Definition*
	1	0–9 mitoses per 10 HPF
	2	10–19 mitoses per 10 HPF
	3	≥20 mitoses per 10 HPF

5.1.3 Tumor Necrosis

Evaluated on gross examination and validated with histologic sections.

✓	*Necrosis Score*	*Definition*
	0	No necrosis
	1	<50% tumor necrosis
	2	≥50% tumor necrosis

6 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*And G is…*	*Then the stage group is…*
	T1	N0	M0	G1, GX	IA
	T2, T3, T4	N0	M0	G1, GX	IB
	T1	N0	M0	G2, G3	II
	T2	N0	M0	G2, G3	IIIA
	T3, T4	N0	M0	G2, G3	IIIB
	Any T	N1	M0	Any G	IIIB
	Any T	Any N	M1	Any G	IV

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

7 Registry Data Collection Variables

See chapter for more details on these variables.

1. Bone invasion as determined by imaging:
2. If pM1, source of pathological metastatic specimen:
3. Additional dimensions of tumor size:
4. FNCLCC grade:

8 Lymphovascular Invasion (LVI)

✓	***Component of LVI Coding***	***Description***
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

Physician Signature Date/Time

Hospital Name/Address	**Patient Name/Information**

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3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 AJCC Prognostic Stage Groups

There is no prognostic stage grouping for unusual soft tissue sarcoma histologies. Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

5 Registry Data Collection Variables

See chapter for more details on these variables.

1. Bone invasion as determined by imaging:
2. If pM1, source of pathological metastatic specimen:
3. Additional dimensions of tumor size:
4. FNCLCC grade:
5. Multifocality and number of sites, when noted:

6 FNCLCC Histologic Grade (G)

The FNCLCC grade is determined by three parameters: differentiation, mitotic activity, and extent of necrosis. Each parameter is scored as follows: differentiation (1–3), mitotic activity (1–3), and necrosis (0–2). The scores are added to determine the grade.

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Total differentiation, mitotic count and necrosis score of 2 or 3
	G2	Total differentiation, mitotic count and necrosis score of 4 or 5
	G3	Total differentiation, mitotic count and necrosis score of 6, 7, or 8

6.1 Tumor Differentiation

Tumor differentiation is histology specific (see chapter 39, table 39.1) and is generally scored as follows:

✓	*Differentiation Score*	*Definition*
	1	Sarcomas closely resembling normal adult mesenchymal tissue (e.g., low-grade leiomyosarcoma)
	2	Sarcomas for which histologic typing is certain (e.g., myxoid/round cell liposarcoma)
	3	Embryonal and undifferentiated sarcomas, sarcomas of doubtful type, synovial sarcomas, soft tissue osteosarcoma, Ewing sarcoma /primitive neuroectodermal tumor (PNET) of soft tissue

6.2 Mitotic Count

In the most mitotically active area of the sarcoma, 10 successive high-power fields (HPF; one HPF at 400× magnification = 0.1734 mm^2) are assessed using a 40× objective.

✓	*Mitotic Count Score*	*Definition*
	1	0–9 mitoses per 10 HPF
	2	10–19 mitoses per 10 HPF
	3	≥20 mitoses per 10 HPF

6.3 Tumor Necrosis

Evaluated on gross examination and validated with histologic sections.

✓	*Necrosis Score*	*Definition*
	0	No necrosis
	1	<50% tumor necrosis
	2	≥50% tumor necrosis

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7 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

Physician Signature	Date/Time

Hospital Name/Address	**Patient Name/Information**

1 Terms of Use

The cancer staging form is a specific document in the patient record; it is not a substitute for documentation of history, physical examination, and staging evaluation, or for documenting treatment plans or follow-up. The staging forms available in conjunction with the *AJCC Cancer Staging Manual, Eighth Edition* may be used by individuals without permission from the ACS or the publisher. They cannot be sold, distributed, published, or incorporated into any software (including any electronic record systems), product, or publication without a written license agreement with ACS. The forms cannot be modified, changed, or updated without the express written permission of ACS.

2 Instructions

See Principles of Cancer Staging (Chapter 1) of the *AJCC Cancer Staging Manual, Eighth Edition* for complete staging rules. Always refer to the respective chapter in the Manual for disease-specific rules for classification, as this form is not representative of all rules, exceptions and instructions for this disease.

This form may be used by physicians to record data on T, N, and M categories; prognostic stage groups; additional prognostic factors; cancer grade; and other important information. This form may be useful for recording information in the medical record and for communicating information from physicians to the cancer registrar.

The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

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Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed (e.g., curetted)
	T0	No evidence of primary tumor
	Tis	*In situ* primary tumor
	T1	Maximum clinical tumor diameter ≤2 cm
	T2	Maximum clinical tumor diameter >2 but ≤5 cm
	T3	Maximum clinical tumor diameter >5 cm
	T4	Primary tumor invades fascia, muscle, cartilage, or bone

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

4.2.1 Clinical N (cN)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be clinically assessed (e.g., previously removed for another reason, or because of body habitus)
	N0	No regional lymph node metastasis detected on clinical and/or radiologic examination
	N1	Metastasis in regional lymph node(s)
	N2	In-transit metastasis (discontinuous from primary tumor; located between primary tumor and draining regional nodal basin, or distal to the primary tumor) *without* lymph node metastasis
	N3	In-transit metastasis (discontinuous from primary tumor; located between primary tumor and draining regional nodal basin, or distal to the primary tumor) *with* lymph node metastasis

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.2.2 Pathological N (pN)

✓	*N Category*	*N Criteria*
	pNX	Regional lymph nodes cannot be assessed (e.g., previously removed for another reason or *not* removed for pathological evaluation)
	pN0	No regional lymph node metastasis detected on pathological evaluation
	pN1	Metastasis in regional lymph node(s)
	pN1a(sn)	Clinically occult regional lymph node metastasis identified only by sentinel lymph node biopsy
	pN1a	Clinically occult regional lymph node metastasis following lymph node dissection
	pN1b	Clinically and/or radiologically detected regional lymph node metastasis
	pN2	In-transit metastasis (discontinuous from primary tumor; located between primary tumor and draining regional nodal basin, or distal to the primary tumor) *without* lymph node metastasis
	pN3	In-transit metastasis (discontinuous from primary tumor; located between primary tumor and draining regional nodal basin, or distal to the primary tumor) *with* lymph node metastasis

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

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4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system.

Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis detected on clinical and/or radiologic examination
	cM1	Distant metastasis detected on clinical and/or radiologic examination
	cM1a	Metastasis to distant skin, distant subcutaneous tissue, or distant lymph node(s)
	cM1b	Metastasis to lung
	cM1c	Metastasis to all other visceral sites
	pM1	Distant metastasis microscopically confirmed
	pM1a	Metastasis to distant skin, distant subcutaneous tissue, or distant lymph node(s), microscopically confirmed
	pM1b	Metastasis to lung, microscopically confirmed
	pM1c	Metastasis to all other distant sites, microscopically confirmed

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

5.1 Clinical (cTNM)

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Tis	N0	M0	0
	T1	N0	M0	I
	T2–3	N0	M0	IIA
	T4	N0	M0	IIB
	T0–4	N1–3	M0	III
	T0–4	Any N	M1	IV

5.2 Pathological (pTNM)

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Tis	N0	M0	0
	T1	N0	M0	I
	T2–3	N0	M0	IIA
	T4	N0	M0	IIB
	T1–4	N1a(sn) or N1a	M0	IIIA
	T0	N1b	M0	IIIA
	T1–4	N1b–3	M0	IIIB
	T0–4	Any N	M1	IV

This form continues on the next page.

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6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Largest tumor diameter (in millimeters): ☐ measured clinically ☐ measured histologically
2. Regional nodal status (examined clinically, pathologically, or neither):
3. Unknown primary status: ☐ yes ☐ no
4. Tumor thickness (whole millimeters):
5. Excision margin status (tumor base transected or not transected):
6. Profound immunosuppression: ☐ no immunosuppressive conditions ☐ HIV/AIDS ☐ solid organ transplant recipient ☐ chronic lymphocytic leukemia ☐ non-Hodgkin lymphoma ☐ multiple conditions ☐ condition NOS
7. LVI: ☐ present ☐ absent ☐ no comment by pathologist
8. MCPyV-positive staining by IHC: ☐ yes ☐ no ☐ not applicable
9. p63-positive staining by IHC (if applicable): ☐ yes ☐ no
10. Tumor-infiltrating lymphocytes in primary tumor: ☐ not present ☐ present , nonbrisk ☐ present, brisk ☐ present, NOS
11. Growth pattern of primary tumor: ☐ circumscribed/nodular ☐ infiltrative
12. Extranodal extension in regional lymph node(s): ☐ yes ☐ no
13. Tumor nest size in regional lymph node(s) (greatest dimension of largest aggregate in millimeters):
14. Isolated tumor cells in regional lymph node(s): ☐ yes ☐ no
15. Eyelid tumor involving the upper or lower eyelid, or both: ☐ upper eyelid ☐ lower eyelid ☐ both
16. Eyelid tumor involving the eyelid margin, defined as the juncture of eyelid skin and tarsal plate at the lash line: ☐ yes ☐ no
    If present, is the eyelid margin involvement full thickness? ☐ full thickness ☐ not full thickness

7 Histologic Grade (G)

There is no recommended histologic grading system at this time.

8 Lymphovascular Invasion (LVI)

✓	***Component of LVI Coding***	***Description***
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 46.1. Regional lymph nodes for skin sites of the head and neck.

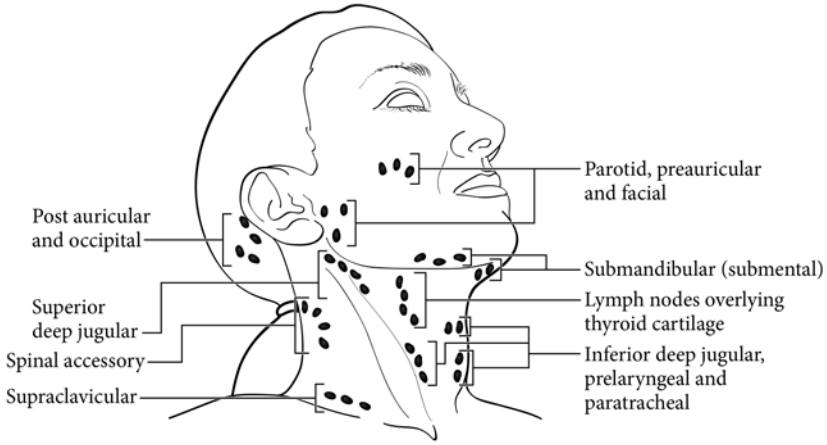


FIGURE 46.7. Merkel cell carcinoma *in situ* (Tis).

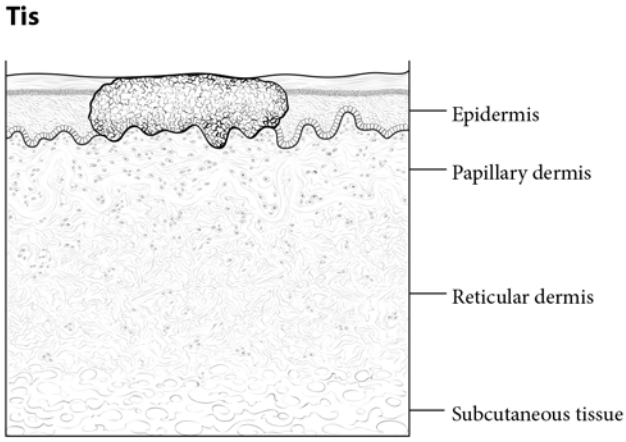
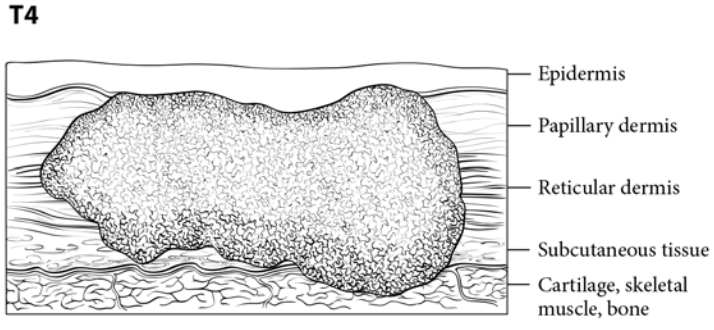


FIGURE 46.11. T4 is defined as a primary tumor invading fascia, muscle, cartilage, or bone.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

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3 Time of Classification (select one):

✓	*Classification*	*Definition*
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	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
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	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	T Category	Criteria/Thickness	Criteria/Ulceration Status
	TX	Primary tumor thickness cannot be assessed (e.g., diagnosis by curettage)	Not applicable
	T0	No evidence of primary tumor (e.g., unknown primary or completely regressed melanoma)	Not applicable
	Tis	Melanoma *in situ*	Not applicable
	T1	≤1.0 mm	Unknown or unspecified
	T1a	<0.8 mm	Without ulceration
	T1b	<0.8 mm	With ulceration
	T1b	0.8–1.0 mm	With or without ulceration
	T2	>1.0–2.0 mm	Unknown or unspecified
	T2a	>1.0–2.0 mm	Without ulceration
	T2b	>1.0–2.0 mm	With ulceration
	T3	>2.0-4.0 mm	Unknown or unspecified
	T3a	>2.0–4.0 mm	Without ulceration
	T3b	>2.0–4.0 mm	With ulceration
	T4	>4.0 mm	Unknown or unspecified
	T4a	>4.0 mm	Without ulceration
	T4b	>4.0 mm	With ulceration

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

This form continues on the next page.

Hospital Name/Address	Patient Name/Information

4.2 Definition of Regional Lymph Node (N)

✓	N Category	Extent of regional lymph node and/or lymphatic metastasis	
		Number of tumor-involved regional lymph nodes	**Presence of in-transit, satellite, and/or microsatellite metastases**
	NX	Regional nodes not assessed (e.g., SLN biopsy not performed, regional nodes previously removed for another reason) **Exception:** pathological N category is not required for T1 melanomas, use cN.	No
	N0	No regional metastases detected	No
	N1	One tumor-involved node or in-transit, satellite, and/or microsatellite metastases with no tumor-involved nodes	One tumor-involved node or in-transit, satellite, and/or microsatellite metastases with no tumor-involved nodes
	N1a	One clinically occult (i.e., detected by SLN biopsy)	No
	N1b	One clinically detected	No
	N1c	No regional lymph node disease	Yes
	N2	Two or three tumor-involved nodes or in-transit, satellite, and/or microsatellite metastases with one tumor-involved node	Two or three tumor-involved nodes or in-transit, satellite, and/or microsatellite metastases with one tumor-involved node
	N2a	Two or three clinically occult (i.e., detected by SLN biopsy)	No
	N2b	Two or three, at least one of which was clinically detected	No
	N2c	One clinically occult or clinically detected	Yes
	N3	Four or more tumor-involved nodes or in-transit, satellite, and/or microsatellite metastases with two or more tumor-involved nodes, or any number of matted nodes without or with in-transit, satellite, and/or microsatellite metastases	Four or more tumor-involved nodes or in-transit, satellite, and/or microsatellite metastases with two or more tumor-involved nodes, or any number of matted nodes without or with in-transit, satellite, and/or microsatellite metastases
	N3a	Four or more clinically occult (i.e., detected by SLN biopsy)	No
	N3b	Four or more, at least one of which was clinically detected, or presence of any number of matted nodes	No
	N3c	Two or more clinically occult or clinically detected and/or presence of any number of matted nodes	Yes

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

This form continues on the next page.

Hospital Name/Address	Patient Name/Information

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	M Category	M Criteria	
		Anatomic Site	**LDH Level**
	cM0	No evidence of distant metastasis	Not applicable
	cM1	Evidence of distant metastasis	Any
	cM1a	Distant metastasis to skin, soft tissue including muscle, and/or nonregional lymph node	Not recorded or unspecified
	cM1a(0)	Distant metastasis to skin, soft tissue including muscle, and/or nonregional lymph node	Not elevated
	cM1a(1)	Distant metastasis to skin, soft tissue including muscle, and/or nonregional lymph node	Elevated
	cM1b	Distant metastasis to lung with or without M1a sites of disease	Not recorded or unspecified
	cM1b(0)	Distant metastasis to lung with or without M1a sites of disease	Not elevated
	cM1b(1)	Distant metastasis to lung with or without M1a sites of disease	Elevated
	cM1c	Distant metastasis to non-CNS visceral sites with or without M1a or M1b sites of disease	Not recorded or unspecified
	cM1c(0)	Distant metastasis to non-CNS visceral sites with or without M1a or M1b sites of disease	Not elevated
	cM1c(1)	Distant metastasis to non-CNS visceral sites with or without M1a or M1b sites of disease	Elevated
	cM1d	Distant metastasis to CNS with or without M1a, M1b, or M1c sites of disease	Not recorded or unspecified
	cM1d(0)	Distant metastasis to CNS with or without M1a, M1b, or M1c sites of disease	Not elevated
	cM1d(1)	Distant metastasis to CNS with or without M1a, M1b, or M1c sites of disease	Elevated
	pM1	Evidence of distant metastasis, microscopically proven	Any
	pM1a	Distant metastasis to skin, soft tissue including muscle, and/or nonregional lymph node, microscopically proven	Not recorded or unspecified
	pM1a(0)	Distant metastasis to skin, soft tissue including muscle, and/or nonregional lymph node, microscopically proven	Not elevated
	pM1a(1)	Distant metastasis to skin, soft tissue including muscle, and/or nonregional lymph node, microscopically proven	Elevated
	pM1b	Distant metastasis to lung with or without M1a sites of disease, microscopically proven	Not recorded or unspecified
	pM1b(0)	Distant metastasis to lung with or without M1a sites of disease, microscopically proven	Not elevated
	pM1b(1)	Distant metastasis to lung with or without M1a sites of disease, microscopically proven	Elevated
	pM1c	Distant metastasis to non-CNS visceral sites with or without M1a or M1b sites of disease, microscopically proven	Not recorded or unspecified
	pM1c(0)	Distant metastasis to non-CNS visceral sites with or without M1a or M1b sites of disease, microscopically proven	Not elevated
	pM1c(1)	Distant metastasis to non-CNS visceral sites with or without M1a or M1b sites of disease, microscopically proven	Elevated
	pM1d	Distant metastasis to CNS with or without M1a, M1b, or M1c sites of disease, microscopically proven	Not recorded or unspecified
	pM1d(0)	Distant metastasis to CNS with or without M1a, M1b, or M1c sites of disease, microscopically proven	Not elevated
	pM1d(1)	Distant metastasis to CNS with or without M1a, M1b, or M1c sites of disease, microscopically proven	Elevated
Suffixes for M category: (0) LDH not elevated, (1) LDH elevated. No suffix is used if LDH is not recorded or is unspecified.			

This form continues on the next page.

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5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

5.1 Clinical (cTNM)

Clinical staging includes microstaging of the primary melanoma and clinical/radiologic/biopsy evaluation for metastases. By convention, clinical staging should be used after biopsy of the primary melanoma, with clinical assessment for regional and distant metastases. Note that pathological assessment of the primary melanoma is used for both clinical and pathological classification. Diagnostic biopsies to evaluate possible regional and/or distant metastasis also are included. Note there is only one stage group for clinical Stage III melanoma.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Tis	N0	M0	0
	T1a	N0	M0	IA
	T1b	N0	M0	IB
	T2a	N0	M0	IB
	T2b	N0	M0	IIA
	T3a	N0	M0	IIA
	T3b	N0	M0	IIB
	T4a	N0	M0	IIB
	T4b	N0	M0	IIC
	Any T, Tis	≥N1	M0	III
	Any T	Any N	M1	IV

5.2 Pathological (pTNM)

Pathological staging includes microstaging of the primary melanoma, including any additional staging information from the wide-excision (surgical) specimen that constitutes primary tumor surgical treatment and pathological information about the regional lymph nodes after SLN biopsy or therapeutic lymph node dissection for clinically evident regional lymph node disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Tis	N0	M0	0
	T1a	N0	M0	IA
	T1b	N0	M0	IA
	T2a	N0	M0	IB
	T2b	N0	M0	IIA
	T3a	N0	M0	IIA
	T3b	N0	M0	IIB
	T4a	N0	M0	IIB
	T4b	N0	M0	IIC
	T0	N1b, N1c	M0	IIIB
	T0	N2b/c, N3b/c	M0	IIIC
	T1a/b, T2a	N1a, N2a	M0	IIIA
	T1a/b, T2a	N1b/c, N2b	M0	IIIB
	T2b, T3a	N1a/b/c, N2a/b	M0	IIIB
	T1a/b, T2a/b, T3a	N2c, N3a/b/c	M0	IIIC
	T3b, T4a	Any N ≥N1	M0	IIIC
	T4b	N1a/b/c, N2a/b/c	M0	IIIC
	T4b	N3a/b/c	M0	IIID
	Any T, Tis	Any N	M1	IV
Pathological Stage 0 (melanoma *in situ*) and T1 do not require pathological evaluation of lymph nodes to complete pathological staging; use cN information to assign their pathological stage.				

This form continues on the next page.

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6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Breslow tumor thickness (xx.x mm)
2. Primary tumor ulceration (yes/no)
3. Mitotic rate (whole number per square millimeter [mm^2])
4. Microsatellites (pathologically detected satellites, not clinically apparent) (yes/no)
5. Tumor-infiltrating lymphocytes (absent, nonbrisk, or brisk)
6. Clark level of invasion (I–V)
7. Regression (yes/no)
8. Neurotropism (present or absent)
9. Lymphovascular invasion (present or absent)
10. In-transit and/or satellite metastasis (in-transit, satellite, both)
11. Regional lymph node clinically or radiologically detected (yes/no)
12. Microscopic confirmation of tumor metastasis in any regional lymph node that was clinically or radiologically detected (yes/no)
13. SLN biopsy performed (yes/no)
14. Number of nodes examined from sentinel node procedure (whole number)
15. Number of tumor-involved nodes from sentinel node procedure (whole number)
16. Sentinel node tumor burden (largest dimension of largest discrete deposit in xx.x mm)
17. ENE in any tumor-involved regional lymph node (sentinel or clinically detected) (present or absent)
18. Completion or therapeutic lymph node dissection performed (yes/no)
19. Number of lymph nodes examined from completion or therapeutic lymph node dissection (whole number)
20. Number of lymph nodes involved with tumor from completion or therapeutic lymph node dissection (whole number)
21. Matted nodes (yes/no)
22. Distant metastasis to skin, soft tissue, or distant nodes (yes/no)
23. Distant metastasis to lung (yes/no)
24. Distant metastasis to non-CNS viscera (yes/no)
25. Distant metastasis to CNS (yes/no)
26. Serum LDH level (xx,xxx U/L) and serum LDH level upper limit of normal from laboratory reference range (Note - serum LDH recorded for Stage IV only)

7 Histologic Grade (G)

There is no recommended histologic grading system at this time.

8 Lymphovascular Invasion (LVI)

✓	***Component of LVI Coding***	***Description***
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

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9 Anatomy

FIGURE 47.1. T1a melanoma. T1a is defined as invasive melanoma <0.8 mm in thickness without ulceration. Tumor thickness is measured from the top of the granular layer of the epidermis to the deepest invasive cell across the broad base of the tumor.

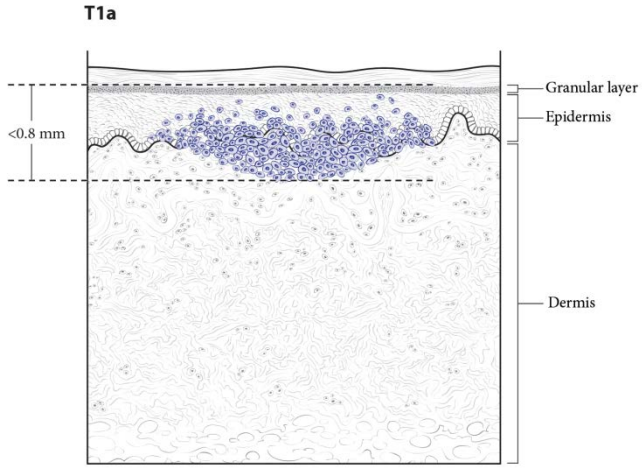

FIGURE 47.2. T1b melanoma. T1b is defined as melanoma 0.8 to 1 mm in thickness regardless of ulceration status OR ulcerated melanoma <0.8 mm in thickness. Tumor thickness is measured from the top of the granular layer of the epidermis (or, if the surface overlying the entire dermal component is ulcerated, from the base of the ulcer) to the deepest invasive cell across the broad base of the tumor.

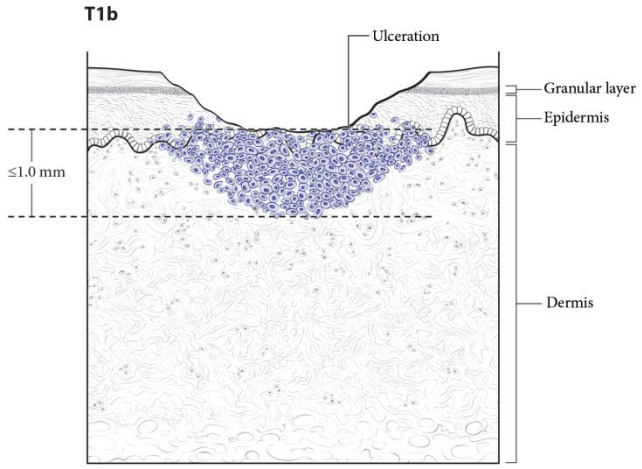

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FIGURE 47.3. T2a melanoma. T2a is defined as invasive melanoma >1.0 to 2.0 mm in thickness without ulceration. Tumor thickness is measured from the top of the granular layer of the epidermis to the deepest invasive cell across the broad base of the tumor.

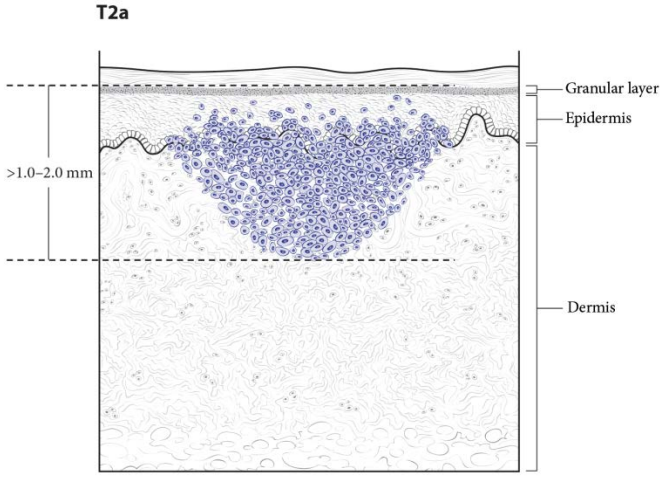

FIGURE 47.4. T2b melanoma. T2b is defined as ulcerated melanoma >1.0 to 2.0 mm in thickness. Tumor thickness is measured from the base of the ulcer to the deepest invasive cell across the broad base of the tumor.

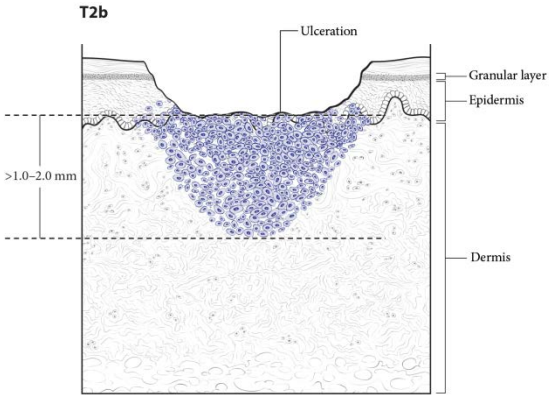

FIGURE 47.5. T3a melanoma. T3a is defined as invasive melanoma >2.0 to 4.0 mm in thickness without ulceration. Tumor thickness is measured from the top of the granular layer of the epidermis to the deepest invasive cell across the broad base of the tumor.

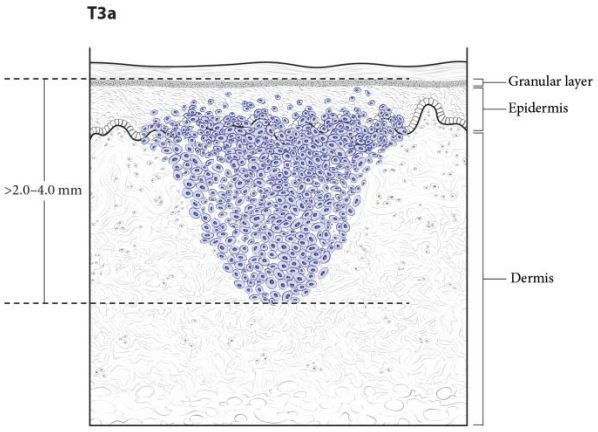

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FIGURE 47.6. T3b melanoma. T3b is defined as ulcerated melanoma >2.0 to 4.0 mm in thickness. Tumor thickness is measured from the base of the ulcer to the deepest invasive cell across the broad base of the tumor.

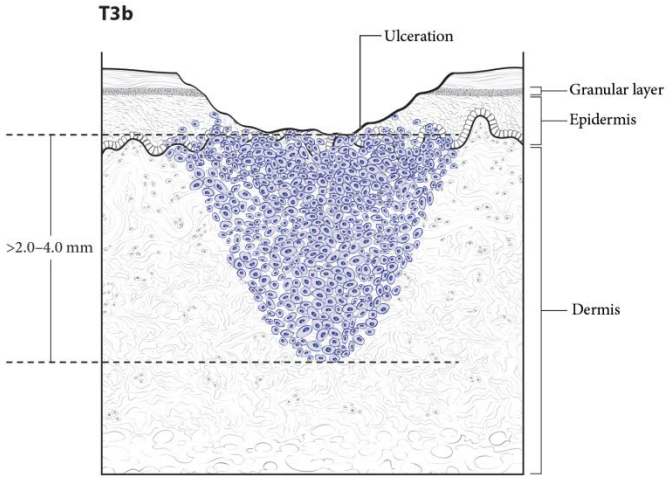

FIGURE 47.7. T4a melanoma. T4a is defined as invasive melanoma >4.0 mm in thickness without ulceration. Tumor thickness is measured from the top of the granular layer of the epidermis to the deepest invasive cell across the broad base of the tumor.

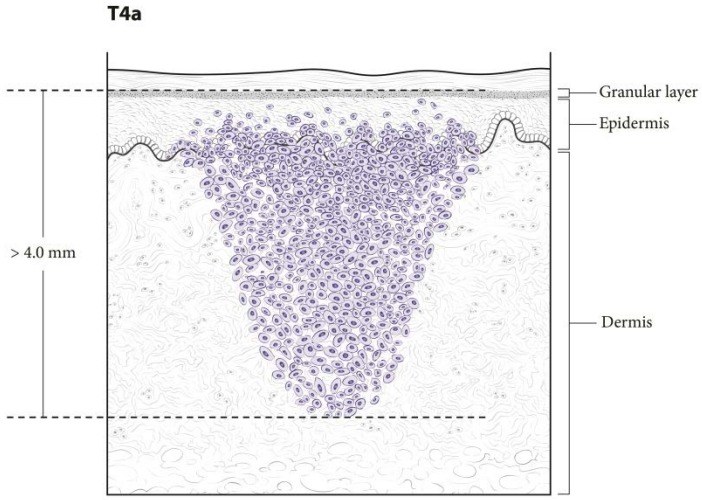

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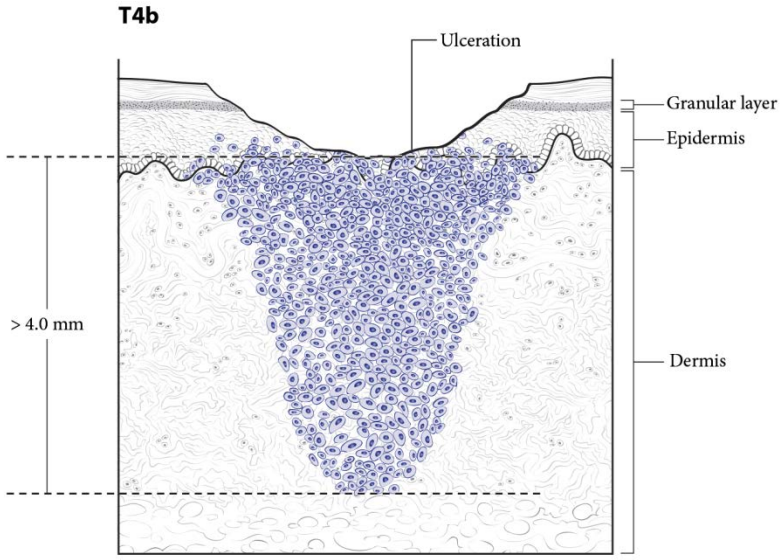
FIGURE 47.8. T4b melanoma. T4b is defined as ulcerated melanoma >4.0 mm in thickness. Tumor thickness is measured from the base of the ulcer to the deepest invasive cell across the broad base of the tumor.



Physician Signature	Date/Time

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48. Breast

It is important to note that there are Definitions of Histologic Grade (G) for *in situ* breast tumors and invasive breast tumors. Nuclear grade should be used for *in situ* tumors, and The Nottingham combined histologic grade (Nottingham modification of the SBR grading system) should be used for invasive tumors. We have not divided the staging forms due to the complexity of breast cancer staging and the length of the single form, but it is important to note this distinction when documenting grade.

1 Terms of Use

The cancer staging form is a specific document in the patient record; it is not a substitute for documentation of history, physical examination, and staging evaluation, or for documenting treatment plans or follow-up. The staging forms available in conjunction with the *AJCC Cancer Staging Manual, Eighth Edition* may be used by individuals without permission from the ACS or the publisher. They cannot be sold, distributed, published, or incorporated into any software (including any electronic record systems), product, or publication without a written license agreement with ACS. The forms cannot be modified, changed, or updated without the express written permission of ACS.

2 Instructions

See Principles of Cancer Staging (Chapter 1) of the *AJCC Cancer Staging Manual, Eighth Edition* for complete staging rules. Always refer to the respective chapter in the Manual for disease-specific rules for classification, as this form is not representative of all rules, exceptions and instructions for this disease.

This form may be used by physicians to record data on T, N, and M categories; prognostic stage groups; additional prognostic factors; cancer grade; and other important information. This form may be useful for recording information in the medical record and for communicating information from physicians to the cancer registrar.

The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	Classification	Definition
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

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4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	Tis(DCIS)*	Ductal carcinoma *in situ*
	Tis(Paget)	Paget disease of the nipple NOT associated with invasive carcinoma and/or carcinoma *in situ* (DCIS) in the underlying breast parenchyma. Carcinomas in the breast parenchyma associated with Paget disease are categorized based on the size and characteristics of the parenchymal disease, although the presence of Paget disease should still be noted.
	T1	Tumor ≤ 20 mm in greatest dimension
	T1mi	Tumor ≤ 1 mm in greatest dimension
	T1a	Tumor > 1 mm but ≤ 5 mm in greatest dimension (round any measurement >1.0–1.9 mm to 2 mm).
	T1b	Tumor > 5 mm but ≤ 10 mm in greatest dimension
	T1c	Tumor > 10 mm but ≤ 20 mm in greatest dimension
	T2	Tumor > 20 mm but ≤ 50 mm in greatest dimension
	T3	Tumor > 50 mm in greatest dimension
	T4	Tumor of any size with direct extension to the chest wall and/or to the skin (ulceration or macroscopic nodules); invasion of the dermis alone does not qualify as T4
	T4a	Extension to the chest wall; invasion or adherence to pectoralis muscle in the absence of invasion of chest wall structures does not qualify as T4
	T4b	Ulceration and/or ipsilateral macroscopic satellite nodules and/or edema (including peau d'orange) of the skin that does not meet the criteria for inflammatory carcinoma
	T4c	Both T4a and T4b are present
	T4d	Inflammatory carcinoma (see "Rules for Classification")
* Note: Lobular carcinoma *in situ* (LCIS) is a benign entity and is removed from TNM staging in the AJCC Cancer Staging Manual, 8th Edition.		

✓	**T Suffix**	**Definition**
	(m)	Select if synchronous primary tumors are found in single organ.

This form continues on the next page.

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4.2 Definition of Regional Lymph Node (N)

4.2.1 Clinical N (cN)

✓	*N Category*	*N Criteria*
	cNX*	Regional lymph nodes cannot be assessed (e.g., previously removed)
	cN0	No regional lymph node metastases (by imaging or clinical examination)
	cN1	Metastases to movable ipsilateral Level I, II axillary lymph node(s)
	cN1mi**	Micrometastases (approximately 200 cells, larger than 0.2 mm, but none larger than 2.0 mm)
	cN2	Metastases in ipsilateral Level I, II axillary lymph nodes that are clinically fixed or matted; *or* in ipsilateral internal mammary nodes in the absence of axillary lymph node metastases
	cN2a	Metastases in ipsilateral Level I, II axillary lymph nodes fixed to one another (matted) or to other structures
	cN2b	Metastases only in ipsilateral internal mammary nodes in the absence of axillary lymph node metastases
	cN3	Metastases in ipsilateral infraclavicular (Level III axillary) lymph node(s) with or without Level I, II axillary lymph node involvement; *or* in ipsilateral internal mammary lymph node(s) with Level I, II axillary lymph node metastases; *or* metastases in ipsilateral supraclavicular lymph node(s) with or without axillary or internal mammary lymph node involvement
	cN3a	Metastases in ipsilateral infraclavicular lymph node(s)
	cN3b	Metastases in ipsilateral internal mammary lymph node(s) and axillary lymph node(s)
	cN3c	Metastases in ipsilateral supraclavicular lymph node(s)
Note: (sn) and (f) suffixes should be added to the N category to denote confirmation of metastasis by sentinel node biopsy or fine needle aspiration/core needle biopsy respectively		
* The cNX category is used sparingly in cases where regional lymph nodes have previously been surgically removed or where there is no documentation of physical examination of the axilla. ** cN1mi is rarely used but may be appropriate in cases where sentinel node biopsy is performed before tumor resection, most likely to occur in cases treated with neoadjuvant therapy.		

✓	N Suffix	Definition
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

This form continues on the next page.

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4.2.2 Pathological N (pN)

✓	*N Category*	*N Criteria*
	pNX	Regional lymph nodes cannot be assessed (e.g., not removed for pathological study or previously removed)
	pN0	No regional lymph node metastasis identified or ITCs only
	pN0(i+)	ITCs only (malignant cell clusters no larger than 0.2 mm) in regional lymph node(s)
	pN0(mol+)	Positive molecular findings by reverse transcriptase polymerase chain reaction (RT-PCR); no ITCs detected
	pN1	Micrometastases; or metastases in 1–3 axillary lymph nodes; and/or clinically negative internal mammary nodes with micrometastases or macrometastases by sentinel lymph node biopsy
	pN1mi	Micrometastases (approximately 200 cells, larger than 0.2 mm, but none larger than 2.0 mm)
	pN1a	Metastases in 1–3 axillary lymph nodes, at least one metastasis larger than 2.0 mm
	pN1b	Metastases in ipsilateral internal mammary sentinel nodes, excluding ITCs
	pN1c	pN1a and pN1b combined
	pN2	Metastases in 4–9 axillary lymph nodes; or positive ipsilateral internal mammary lymph nodes by imaging in the absence of axillary lymph node metastases
	pN2a	Metastases in 4–9 axillary lymph nodes (at least one tumor deposit larger than 2.0 mm)
	pN2b	Metastases in clinically detected internal mammary lymph nodes with or without microscopic confirmation; with pathologically negative axillary nodes
	pN3	Metastases in 10 or more axillary lymph nodes; *or* in infraclavicular (Level III axillary) lymph nodes; *or* positive ipsilateral internal mammary lymph nodes by imaging in the presence of one or more positive Level I, II axillary lymph nodes; *or* in more than three axillary lymph nodes and micrometastases or macrometastases by sentinel lymph node biopsy in clinically negative ipsilateral internal mammary lymph nodes; *or* in ipsilateral supraclavicular lymph nodes
	pN3a	Metastases in 10 or more axillary lymph nodes (at least one tumor deposit larger than 2.0 mm); *or* metastases to the infraclavicular (Level III axillary lymph) nodes
	pN3b	pN1a or pN2a in the presence of cN2b (positive internal mammary nodes by imaging); *or* pN2a in the presence of pN1b
	pN3c	Metastases in ipsilateral supraclavicular lymph nodes
Note: (sn) and (f) suffixes should be added to the N category to denote confirmation of metastasis by sentinel node biopsy or FNA/core needle biopsy respectively, with NO further resection of nodes.		

✓	**N Suffix**	**Definition**
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

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4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system.

Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	***M Category***	***M Criteria***
	cM0	No clinical or radiographic evidence of distant metastases*
	cM0(i+)	No clinical or radiographic evidence of distant metastases in the presence of tumor cells or deposits no larger than 0.2 mm detected microscopically or by molecular techniques in circulating blood, bone marrow, or other nonregional nodal tissue in a patient without symptoms or signs of metastases
	cM1	Distant metastases detected by clinical and radiographic means
	pM1	Any histologically proven metastases in distant organs; or if in non-regional nodes, metastases greater than 0.2 mm
* Note that imaging studies are not required to assign the cM0 category		

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5 Prognostic Factors Required for Stage Grouping

5.1 Definition of Histologic Grade (G)

5.1.1 Invasive Carcinoma

All invasive breast carcinomas should be assigned a histologic grade. The Nottingham combined histologic grade (Nottingham modification of the SBR grading system) is recommended and is stipulated for use by the College of American Pathologists (see www.cap.org).[1-3] The grade for a tumor is determined by assessing morphologic features (tubule formation, nuclear pleomorphism, and calibrated mitotic count), assigning a value from 1 (favorable) to 3 (unfavorable) for each feature, and totaling the scores for all three categories. A combined score of 3–5 points is designated as grade 1; a combined score of 6–7 points is grade 2; a combined score of 8–9 points is grade 3. The use of subjective grading alone is discouraged.

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Low combined histologic grade (favorable), SBR score of 3–5 points
	G2	Intermediate combined histologic grade (moderately favorable); SBR score of 6–7 points
	G3	High combined histologic grade (unfavorable); SBR score of 8–9 points

5.1.2 Carcinoma *in situ*

The grade that should be used for *in situ* carcinomas is nuclear grade (see www.cap.org).

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Low nuclear grade
	G2	Intermediate nuclear grade
	G3	High nuclear grade

5.2 Definition of HER2 Status

The measurement of Human Epidermal Growth Factor Receptor-2 (HER2) is primarily by either IHC to assess expression of the HER2 protein or by *in situ* hybridization (ISH) - most commonly by fluorescent labeled probes (FISH) or chromogenic labeled probes (CISH) to assess gene copy number.

✓	*HER2 Status*
	Positive
	Negative
	Equivocal (use negative category for prognostic stage group assignment)

5.3 Definition of ER Status

Estrogen receptor (ER) expression is measured primarily by IHC. Any staining of 1% of cells or more is considered positive for both ER and PR.

✓	*ER Status*
	Positive
	Negative

5.4 Definition of PR status

Progesterone receptor (PR) expression is measured primarily by IHC. Any staining of 1% of cells or more is considered positive for both ER and PR.

✓	*PR Status*
	Positive
	Negative

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6 Additional Factors Recommended for Clinical Care

6.1 Definition of Oncotype Dx® Recurrence Score

Oncotype Dx® is a genomic test based on the assessment of 21 genes; the result is the outcome of a mathematical formula of the weighted expression of each gene combined into a single score. It is measured and reported by RT-PCR, with recurrence score of < 11 the most pertinent cutoff value. Oncotype Dx® is required only for assigning prognostic stage group to patients with T1–2 N0 M0, ER-positive, HER2-negative cancers. If OncotypeDx® is not performed, not available, or if the OncotypeDx® score is 11 or greater for patients with T1-2 N0 M0 HER2 negative ER positive cancer, then the Prognostic Stage Group is assigned based on the remaining anatomic and biomarker categories. OncotypeDx® is the only multigene panel included to classify Prognostic Stage because prospective Level I data supports this use for patients with a score <11. Future updates may include results from other multigene panels to assign cohorts of patients to prognostic stage groups when there are high level data to support these assignments.

✓	***Oncotype Dx® Recurrence Score***
	Less than 11
	11 or greater
	Not performed
	Not available

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7 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

7.1 Clinical Prognostic Stage

Clinical Prognostic Stage applies to ALL patients with breast cancer for clinical classification and staging. It uses clinical tumor (T), node (N) and metastases (M) information based on history, physical examination, any imaging performed (not necessary for clinical staging) and relevant biopsies. Genomic profile information is not included in Clinical Prognostic Stage as pathologic information from surgery is necessary to ascertain the prognosis using these tools.

When TNM is…	And Grade is…	And HER2 Status is…	And ER Status is…	And PR Status is…	Then the Clinical Prognostic Stage Group is…	✓
Tis N0 M0	Any	Any	Any	Any	0	
T1* N0 M0 T0 N1mi M0 T1* N1mi M0	G1	Positive	Positive	Positive	IA	
				Negative	IA	
			Negative	Positive	IA	
				Negative	IA	
		Negative	Positive	Positive	IA	
				Negative	IA	
			Negative	Positive	IA	
				Negative	IB	
	G2	Positive	Positive	Positive	IA	
				Negative	IA	
			Negative	Positive	IA	
				Negative	IA	
		Negative	Positive	Positive	IA	
				Negative	IA	
			Negative	Positive	IA	
				Negative	IB	
	G3	Positive	Positive	Positive	IA	
				Negative	IA	
			Negative	Positive	IA	
				Negative	IA	
		Negative	Positive	Positive	IA	
				Negative	IB	
			Negative	Positive	IB	
				Negative	IB	

This form continues on the next page.

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When TNM is…	And Grade is…	And HER2 Status is…	And ER Status is…	And PR Status is…	Then the Clinical Prognostic Stage Group is…	✓
T0 N1** M0 T1* N1** M0 T2 N0 M0	G1	Positive	Positive	Positive	IB	
				Negative	IIA	
			Negative	Positive	IIA	
				Negative	IIA	
		Negative	Positive	Positive	IB	
				Negative	IIA	
			Negative	Positive	IIA	
				Negative	IIA	
	G2	Positive	Positive	Positive	IB	
				Negative	IIA	
			Negative	Positive	IIA	
				Negative	IIA	
		Negative	Positive	Positive	IB	
				Negative	IIA	
			Negative	Positive	IIA	
				Negative	IIB	
	G3	Positive	Positive	Positive	IB	
				Negative	IIA	
			Negative	Positive	IIA	
				Negative	IIA	
		Negative	Positive	Positive	IIA	
				Negative	IIB	
			Negative	Positive	IIB	
				Negative	IIB	

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When TNM is…	And Grade is…	And HER2 Status is…	And ER Status is…	And PR Status is…	Then the Clinical Prognostic Stage Group is…	✓
T2 N1*** M0 T3 N0 M0	G1	Positive	Positive	Positive	IB	
				Negative	IIA	
			Negative	Positive	IIA	
				Negative	IIB	
		Negative	Positive	Positive	IIA	
				Negative	IIB	
			Negative	Positive	IIB	
				Negative	IIB	
	G2	Positive	Positive	Positive	IB	
				Negative	IIA	
			Negative	Positive	IIA	
				Negative	IIB	
		Negative	Positive	Positive	IIA	
				Negative	IIB	
			Negative	Positive	IIB	
				Negative	IIIB	
	G3	Positive	Positive	Positive	IB	
				Negative	IIB	
			Negative	Positive	IIB	
				Negative	IIB	
		Negative	Positive	Positive	IIB	
				Negative	IIIA	
			Negative	Positive	IIIA	
				Negative	IIIB	

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When TNM is…	And Grade is…	And HER2 Status is…	And ER Status is…	And PR Status is…	Then the Clinical Prognostic Stage Group is…	✓
T0 N2 M0 T1* N2 M0 T2 N2 M0 T3 N1*** M0 T3 N2 M0	G1	Positive	Positive	Positive	IIA	
				Negative	IIIA	
			Negative	Positive	IIIA	
				Negative	IIIA	
		Negative	Positive	Positive	IIA	
				Negative	IIIA	
			Negative	Positive	IIIA	
				Negative	IIIB	
	G2	Positive	Positive	Positive	IIA	
				Negative	IIIA	
			Negative	Positive	IIIA	
				Negative	IIIA	
		Negative	Positive	Positive	IIA	
				Negative	IIIA	
			Negative	Positive	IIIA	
				Negative	IIIB	
	G3	Positive	Positive	Positive	IIB	
				Negative	IIIA	
			Negative	Positive	IIIA	
				Negative	IIIA	
		Negative	Positive	Positive	IIIA	
				Negative	IIIB	
			Negative	Positive	IIIB	
				Negative	IIIC	

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When TNM is…	And Grade is…	And HER2 Status is…	And ER Status is…	And PR Status is…	Then the Clinical Prognostic Stage Group is…	✓
T4 N0 M0 T4 N1*** M0 T4 N2 M0 Any T N3 M0	G1	Positive	Positive	Positive	IIIA	
				Negative	IIIB	
			Negative	Positive	IIIB	
				Negative	IIIB	
		Negative	Positive	Positive	IIIB	
				Negative	IIIB	
			Negative	Positive	IIIB	
				Negative	IIIC	
	G2	Positive	Positive	Positive	IIIA	
				Negative	IIIB	
			Negative	Positive	IIIB	
				Negative	IIIB	
		Negative	Positive	Positive	IIIB	
				Negative	IIIB	
			Negative	Positive	IIIB	
				Negative	IIIC	
	G3	Positive	Positive	Positive	IIIB	
				Negative	IIIB	
			Negative	Positive	IIIB	
				Negative	IIIB	
		Negative	Positive	Positive	IIIB	
				Negative	IIIC	
			Negative	Positive	IIIC	
				Negative	IIIC	
Any T Any N M1	Any	Any	Any	Any	IV	

* T1 Includes T1mi
** N1 does not include N1mi. T1 N1mi M0 and T0 N1mi M0 cancers are included for prognostic staging with T1 N0 M0 cancers of the same prognostic factor status.
*** N1 includes N1mi. T2, T3, and T4 cancers and N1mi are included for prognostic staging with T2 N1, T3 N1 and T4 N1, respectively .

Notes:

1. Because N1mi categorization requires evaluation of the entire node, and cannot be assigned on the basis of an FNA or core biopsy, N1mi can only be used with Clinical Prognostic Staging when clinical staging is based on a resected lymph node in the absence of resection of the primary cancer, such as the situation where sentinel node biopsy is performed prior to receipt of neoadjuvant chemotherapy or endocrine therapy.
2. For cases where HER2 is determined to be “equivocal” by ISH (FISH or CISH) testing under the 2013 ASCO/CAP HER2 testing guidelines, the HER2 “negative” category should be used for staging in the Clinical Prognostic Stage Group table.[4,5]
3. The prognostic value of these Prognostic Stage Groups is based on populations of persons with breast cancer that have been offered and mostly treated with appropriate endocrine and/or systemic chemotherapy (including anti-HER2 therapy).

Hospital Name/Address	Patient Name/Information

7.2 Pathological Prognostic Stage

Pathological Prognostic Stage applies to patients with breast cancer treated with surgery as the initial treatment. It includes all information used for clinical staging plus findings at surgery and pathological findings from surgical resection. Pathological Prognostic Stage does not apply to patients treated with systemic or radiation prior to surgical resection (neoadjuvant therapy).

When TNM is…	And Grade is…	And HER2 Status is…	And ER Status is…	And PR Status is…	Then the Pathological Prognostic Stage Group is…	✓
Tis N0 M0	Any	Any	Any	Any	0	
T1* N0 M0 T0 N1mi M0 T1* N1mi M0	G1	Positive	Positive	Positive	IA	
				Negative	IA	
			Negative	Positive	IA	
				Negative	IA	
		Negative	Positive	Positive	IA	
				Negative	IA	
			Negative	Positive	IA	
				Negative	IA	
	G2	Positive	Positive	Positive	IA	
				Negative	IA	
			Negative	Positive	IA	
				Negative	IA	
		Negative	Positive	Positive	IA	
				Negative	IA	
			Negative	Positive	IA	
				Negative	IB	
	G3	Positive	Positive	Positive	IA	
				Negative	IA	
			Negative	Positive	IA	
				Negative	IA	
		Negative	Positive	Positive	IA	
				Negative	IA	
			Negative	Positive	IA	
				Negative	IB	

This form continues on the next page.

Hospital Name/Address	Patient Name/Information

When TNM is…	And Grade is…	And HER2 Status is…	And ER Status is…	And PR Status is…	Then the Pathological Prognostic Stage Group is…	✓
T0 N1** M0 T1* N1** M0 T2 N0 M0	G1	Positive	Positive	Positive	IA	
				Negative	IB	
			Negative	Positive	IB	
				Negative	IIA	
		Negative	Positive	Positive	IA	
				Negative	IB	
			Negative	Positive	IB	
				Negative	IIA	
	G2	Positive	Positive	Positive	IA	
				Negative	IB	
			Negative	Positive	IB	
				Negative	IIA	
		Negative	Positive	Positive	IA	
				Negative	IIA	
			Negative	Positive	IIA	
				Negative	IIA	
	G3	Positive	Positive	Positive	IA	
				Negative	IIA	
			Negative	Positive	IIA	
				Negative	IIA	
		Negative	Positive	Positive	IB	
				Negative	IIA	
			Negative	Positive	IIA	
				Negative	IIA	

This form continues on the next page.

Hospital Name/Address	Patient Name/Information

When TNM is…	And Grade is…	And HER2 Status is…	And ER Status is…	And PR Status is…	Then the Pathological Prognostic Stage Group is…	✓
T2 N1*** M0 T3 N0 M0	G1	Positive	Positive	Positive	IA	
				Negative	IIB	
			Negative	Positive	IIB	
				Negative	IIB	
		Negative	Positive	Positive	IA	
				Negative	IIB	
			Negative	Positive	IIB	
				Negative	IIB	
	G2	Positive	Positive	Positive	IB	
				Negative	IIB	
			Negative	Positive	IIB	
				Negative	IIB	
		Negative	Positive	Positive	IB	
				Negative	IIB	
			Negative	Positive	IIB	
				Negative	IIB	
	G3	Positive	Positive	Positive	IB	
				Negative	IIB	
			Negative	Positive	IIB	
				Negative	IIB	
		Negative	Positive	Positive	IIA	
				Negative	IIB	
			Negative	Positive	IIB	
				Negative	IIIA	

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Hospital Name/Address	Patient Name/Information

When TNM is…	And Grade is…	And HER2 Status is…	And ER Status is…	And PR Status is…	Then the Pathological Prognostic Stage Group is…	✓
T0 N2 M0 T1* N2 M0 T2 N2 M0 T3 N1*** M0 T3 N2 M0	G1	Positive	Positive	Positive	IB	
				Negative	IIIA	
			Negative	Positive	IIIA	
				Negative	IIIA	
		Negative	Positive	Positive	IB	
				Negative	IIIA	
			Negative	Positive	IIIA	
				Negative	IIIA	
	G2	Positive	Positive	Positive	IB	
				Negative	IIIA	
			Negative	Positive	IIIA	
				Negative	IIIA	
		Negative	Positive	Positive	IB	
				Negative	IIIA	
			Negative	Positive	IIIA	
				Negative	IIIB	
	G3	Positive	Positive	Positive	IIA	
				Negative	IIIA	
			Negative	Positive	IIIA	
				Negative	IIIA	
		Negative	Positive	Positive	IIB	
				Negative	IIIA	
			Negative	Positive	IIIA	
				Negative	IIIC	

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Hospital Name/Address	Patient Name/Information

When TNM is…	And Grade is…	And HER2 Status is…	And ER Status is…	And PR Status is…	Then the Pathological Prognostic Stage Group is…	✓
T4 N0 M0 T4 N1*** M0 T4 N2 M0 Any T N3 M0	G1	Positive	Positive	Positive	IIIA	
				Negative	IIIB	
			Negative	Positive	IIIB	
				Negative	IIIB	
		Negative	Positive	Positive	IIIA	
				Negative	IIIB	
			Negative	Positive	IIIB	
				Negative	IIIB	
	G2	Positive	Positive	Positive	IIIA	
				Negative	IIIB	
			Negative	Positive	IIIB	
				Negative	IIIB	
		Negative	Positive	Positive	IIIA	
				Negative	IIIB	
			Negative	Positive	IIIB	
				Negative	IIIC	
	G3	Positive	Positive	Positive	IIIB	
				Negative	IIIB	
			Negative	Positive	IIIB	
				Negative	IIIB	
		Negative	Positive	Positive	IIIB	
				Negative	IIIC	
			Negative	Positive	IIIC	
				Negative	IIIC	
Any T Any N M1	Any	Any	Any	Any	IV	

*T1 includes T1mi.
** N1 does not include N1mi. T1 N1mi M0 and T0 N1mi M0 cancers are included for prognostic staging with T1 N0 M0 cancers of the same prognostic factor status.
*** N1 includes N1mi. T2, T3, and T4 cancers and N1mi are included for prognostic staging with T2 N1, T3 N1 and T4 N1, respectively.
Notes:

1. For cases where HER2 is determined to be "equivocal" by ISH (FISH or CISH) testing under the 2013 ASCO/CAP HER2 testing guidelines, HER2 "negative" category should be used for staging in the Pathological Prognostic Stage Group Table.[4,5]
2. The prognostic value of these Prognostic Stage Groups is based on populations of persons with breast cancer that have been offered and mostly treated with appropriate endocrine and/or systemic chemotherapy (including anti-HER2 therapy).

This form continues on the next page.

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7.2.1 Genomic Profile for Pathological Prognostic Staging

When Oncotype Dx Score is less than 11…

And TNM is…	And Grade is…	And HER2 Status is…	And ER Status is…	And PR Status is…	Then the Pathological Prognostic Stage Group is…	✓
T1 N0 M0 T2 N0 M0	Any	Negative	Positive	Any	IA	

Notes

1. Obtaining genomic profiles is NOT required for assigning Pathological Prognostic Stage. However genomic profiles may be performed for use in determining appropriate treatment. If the OncotypeDx® test is performed in cases with a T1N0M0 or T2N0M0 cancer that is HER2-negative and ER-positive, and the recurrence score is less than 11, the case should be assigned Pathological Prognostic Stage Group IA.
2. If OncotypeDx® is not performed, or if it is performed and the OncotypeDx® score is not available, or is 11 or greater for patients with T1-2 N0 M0 HER2–negative, ER-positive cancer, then the Prognostic Stage Group is assigned based on the anatomic and biomarker categories shown above.
3. OncotypeDx® is the only multigene panel included to classify Pathologic Prognostic Stage because prospective Level I data supports this use for patients with a score <11. Future updates to the staging system may include results from other multigene panels to assign cohorts of patients to Prognostic Stage Groups based on the then available evidence. Inclusion or exclusion in this staging table of a genomic profile assay is not an endorsement of any specific assay and should not limit appropriate clinical use of any genomic profile assay based on evidence available at the time of treatment.

This form continues on the next page.

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8 Registry Data Collection Variables

See chapter for more details on these variables.

1.	ER:	☐ positive	☐ negative	percent positive:			Allred score, if available:		
2.	PR:	☐ positive	☐ negative	percent positive:			Allred score, if available:		
3.	HER2—IHC:	☐ 0	☐ 1+	☐ 2+	☐ 3+	☐ unknown	☐ not performed		
4.	HER2—FISH:	☐ negative	☐ positive	☐ equivocal	☐ unknown	☐ not performed			
		HER2:CEP17 ratio:		HER2 copy number, if available:					
5.	HER2:	☐ Overall result	☐ negative	☐ positive	☐ unknown if done	☐ not performed			
6.	Nottingham histologic grade:	☐ low (1)	☐ intermediate (2)	☐ high (3)					
7.	Ki-67, if available – percent positive:								
8.	Oncotype Dx® recurrence score (numeric score preferred over risk level):								
9.	Oncotype Dx® DCIS recurrence score (numeric score preferred over risk level):								
10.	Mammaprint® (numeric score preferred over risk level):								
11.	ProSigna® PAM50 intrinsic subtypes and Risk of Recurrence score (numeric score preferred over risk level):								
12.	Breast Cancer Index (numeric score preferred over risk level):								
13.	EndoPredict (numeric score preferred over risk level):								
14.	IHC4 (numeric score preferred over risk level):								
15.	Urokinase plasminogen activator (uPA) and plasminogen activator inhibitor type 1 (PAI-1)[6] :								
16.	Response to treatment:	☐ CR	☐ PR	☐ NR					

9 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

Physician Signature Date/Time

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10 Anatomy

FIGURE 48.1. Anatomic sites and subsites of the right breast.

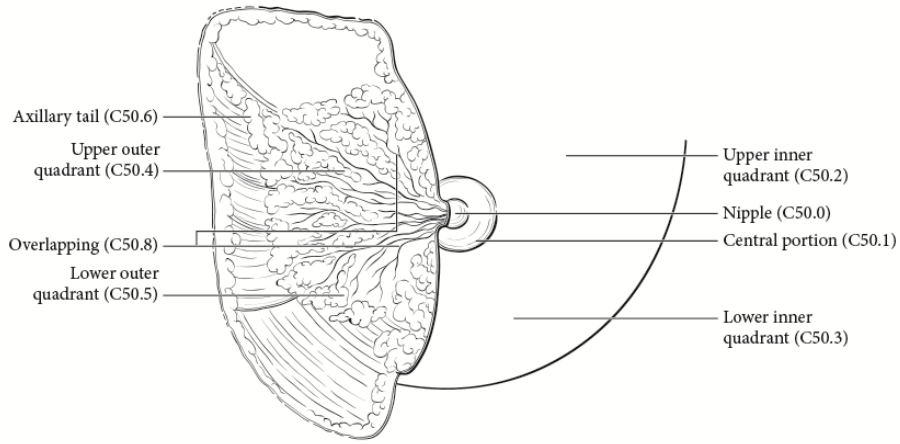
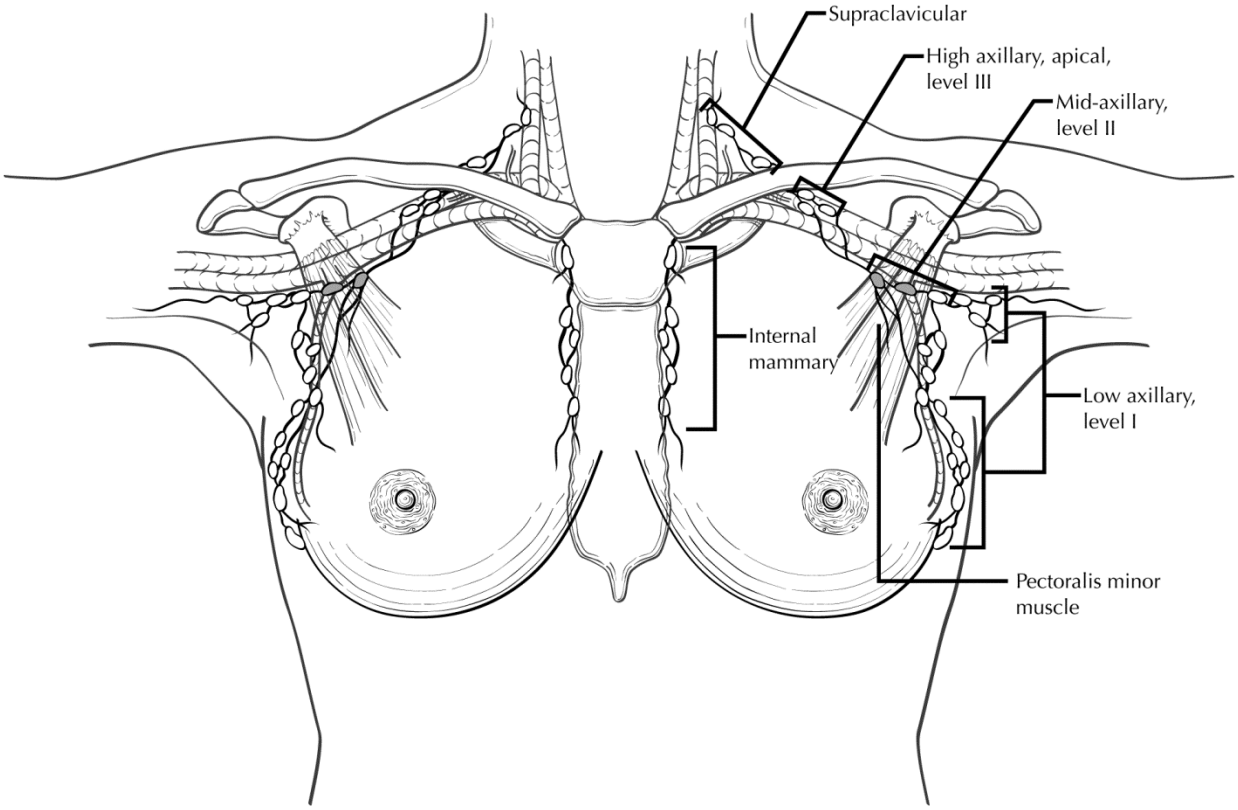


FIGURE 48.2. Schematic diagram of the breast and regional lymph nodes.



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11 Bibliography

1. Scarff R, Handley R. Prognosis in carcinoma of the breast. *The Lancet.* 1938;232(6001):582-583.
2. Black MM. Survival in breast cancer cases in relation to the structure of the primary tumor and regional lymphnodes. *Surg Gynecol Obstet.* 1955;100:543-551.
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Hospital Name/Address	Patient Name/Information

1 Terms of Use

The cancer staging form is a specific document in the patient record; it is not a substitute for documentation of history, physical examination, and staging evaluation, or for documenting treatment plans or follow-up. The staging forms available in conjunction with the *AJCC Cancer Staging Manual, Eighth Edition* may be used by individuals without permission from the ACS or the publisher. They cannot be sold, distributed, published, or incorporated into any software (including any electronic record systems), product, or publication without a written license agreement with ACS. The forms cannot be modified, changed, or updated without the express written permission of ACS.

2 Instructions

See Principles of Cancer Staging (Chapter 1) of the *AJCC Cancer Staging Manual, Eighth Edition* for complete staging rules. Always refer to the respective chapter in the Manual for disease-specific rules for classification, as this form is not representative of all rules, exceptions and instructions for this disease.

This form may be used by physicians to record data on T, N, and M categories; prognostic stage groups; additional prognostic factors; cancer grade; and other important information. This form may be useful for recording information in the medical record and for communicating information from physicians to the cancer registrar.

The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

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4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*FIGO Stage*	*T Criteria*
	TX		Primary tumor cannot be assessed
	T0		No evidence of primary tumor
	T1	I	Tumor confined to the vulva and/or perineum Multifocal lesions should be designated as such. The largest lesion or the lesion with the greatest depth of invasion will be the target lesion identified to address the highest pT stage. *Depth of invasion* is defined as the measurement of the tumor from the epithelial–stromal junction of the adjacent most superficial dermal papilla to the deepest point of invasion.
	T1a	IA	Lesions 2 cm or less, confined to the vulva and/or perineum, and with stromal invasion of 1.0 mm or less
	T1b	IB	Lesions more than 2 cm, *or* any size with stromal invasion of more than 1.0 mm, confined to the vulva and/or perineum
	T2	II	Tumor of any size with extension to adjacent perineal structures (lower/distal third of the urethra, lower/distal third of the vagina, anal involvement)
	T3	IVA	Tumor of any size with extension to any of the following—upper/proximal two thirds of the urethra, upper/proximal two thirds of the vagina, bladder mucosa, or rectal mucosa—or fixed to pelvic bone

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*FIGO Stage*	*N Criteria*
	NX		Regional lymph nodes cannot be assessed
	N0		No regional lymph node metastasis
	N0(i+)		Isolated tumor cells in regional lymph node(s) no greater than 0.2 mm
	N1	III	Regional lymph node metastasis with one or two lymph node metastases each less than 5 mm, or one lymph node metastasis ≥5 mm
	N1a*	IIIA	One or two lymph node metastases each less than 5 mm
	N1b	IIIA	One lymph node metastasis ≥5 mm
	N2		Regional lymph node metastasis with three or more lymph node metastases each less than 5 mm, or two or more lymph node metastases ≥5 mm, or lymph node(s) with extranodal extension
	N2a*	IIIB	Three or more lymph node metastases each less than 5 mm
	N2b	IIIB	Two or more lymph node metastases ≥5 mm
	N2c	IIIC	Lymph node(s) with extranodal extension
	N3	IVA	Fixed or ulcerated regional lymph node metastasis

*Includes micrometastasis, N1mi and N2mi.
Note: The site, size, and laterality of lymph node metastases should be recorded.

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*FIGO Stage*	*M Criteria*
	cM0		No distant metastasis (no pathological M0; use clinical M to complete stage group)
	cM1	IVB	Distant metastasis (including pelvic lymph node metastasis)
	pM1	IVB	Distant metastasis (including pelvic lymph node metastasis), microscopically confirmed

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	T1	N0	M0	I
	T1a	N0	M0	IA
	T1b	N0	M0	IB
	T2	N0	M0	II
	T1–T2	N1–N2c	M0	III
	T1–T2	N1	M0	IIIA
	T1–T2	N2a, N2b	M0	IIIB
	T1–T2	N2c	M0	IIIC
	T1–T3	N3	M0–M1	IV
	T1–T2	N3	M0	IVA
	T3	Any N	M0	IVA
	Any T	Any N	M1	IVB

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. FIGO stage:
2. Size of regional lymph node metastasis:
3. Laterality of regional node metastasis:
4. Femoral–inguinal nodal spread identified on imaging: ☐ Yes ☐ No
5. Pelvic nodes identified on imaging: ☐ Yes ☐ No
6. p16: immunohistochemistry? ☐ Yes ☐ No Positive? ☐ Yes ☐ No

This form continues on the next page.

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7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 50.1. Vulva and perineum lesions, from top to bottom: the lesion at the top is vulvar, the middle two lesions are perineal, and the lesion at the bottom is considered perianal.

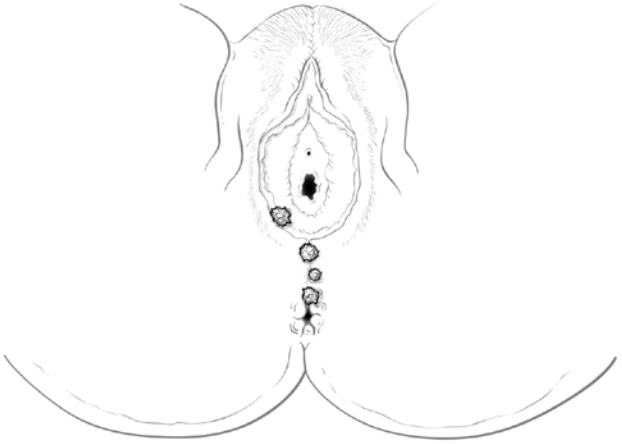
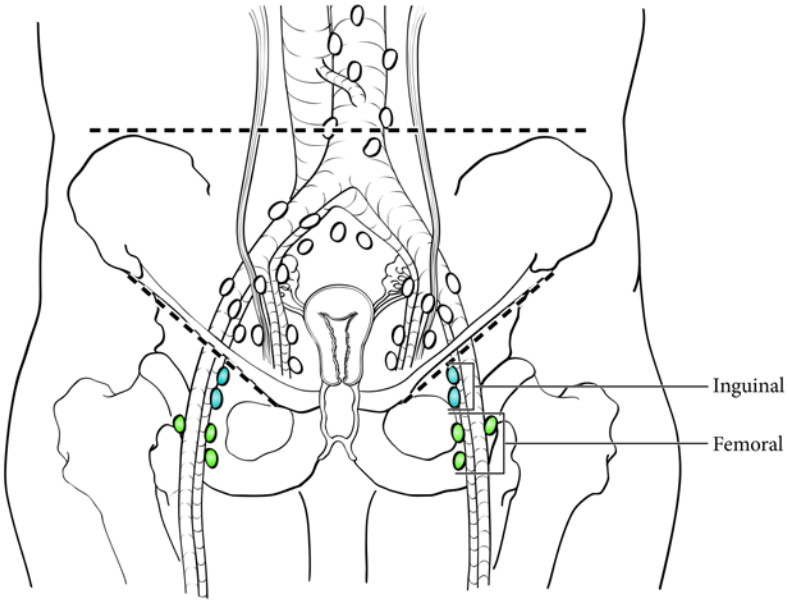


FIGURE 50.2. Regional lymph nodes of the vulva.



Physician Signature	Date/Time

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The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

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3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*FIGO Stage*	*T Criteria*
	TX		Primary tumor cannot be assessed
	T0		No evidence of primary tumor
	T1	I	Tumor confined to the vagina
	T1a	I	Tumor confined to the vagina, measuring ≤2.0 cm
	T1b	I	Tumor confined to the vagina, measuring >2.0 cm
	T2	II	Tumor invading paravaginal tissues but not to pelvic sidewall
	T2a	II	Tumor invading paravaginal tissues but not to pelvic wall, measuring ≤2.0 cm
	T2b	II	Tumor invading paravaginal tissues but not to pelvic wall, measuring >2.0 cm
	T3	III	Tumor extending to the pelvic sidewall* and/or causing hydronephrosis or nonfunctioning kidney
	T4	IVA	Tumor invading the mucosa of the bladder or rectum and/or extending beyond the true pelvis (bullous edema is not sufficient evidence to classify a tumor as T4)
**Pelvic sidewall* is defined as the muscle, fascia, neurovascular structures, or skeletal portions of the bony pelvis. On rectal examination, there is no cancer-free space between the tumor and pelvic sidewall.			

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*FIGO Stage*	*N Criteria*
	NX		Regional lymph nodes cannot be assessed
	N0		No regional lymph node metastasis
	N0(i+)		Isolated tumor cells in regional lymph node(s) no greater than 0.2 mm
	N1	III	Pelvic or inguinal lymph node metastasis

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*FIGO Stage*	*M Criteria*
	cM0		No distant metastasis
	cM1	IVB	Distant metastasis
	pM1	IVB	Distant metastasis, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	T1a	N0	M0	IA
	T1b	N0	M0	IB
	T2a	N0	M0	IIA
	T2b	N0	M0	IIB
	T1–T3	N1	M0	III
	T3	N0	M0	III
	T4	Any N	M0	IVA
	Any T	Any N	M1	IVB

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. FIGO stage:
2. Pelvic nodes identified on imaging: ☐ Yes ☐ No
3. Para-aortic nodes identified on imaging: ☐ Yes ☐ No
4. Distant (mediastinal, scalene) nodes identified on imaging: ☐ Yes ☐ No

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated

8 Lymphovascular Invasion (LVI)

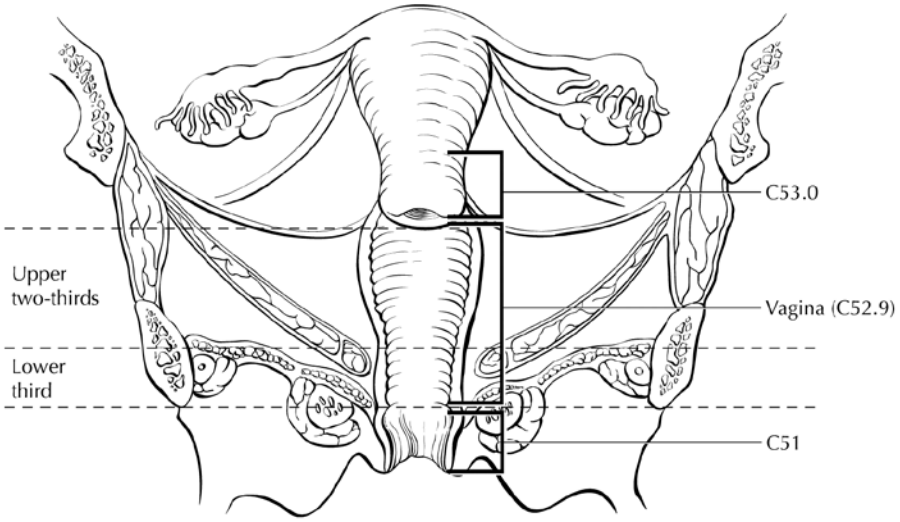
✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

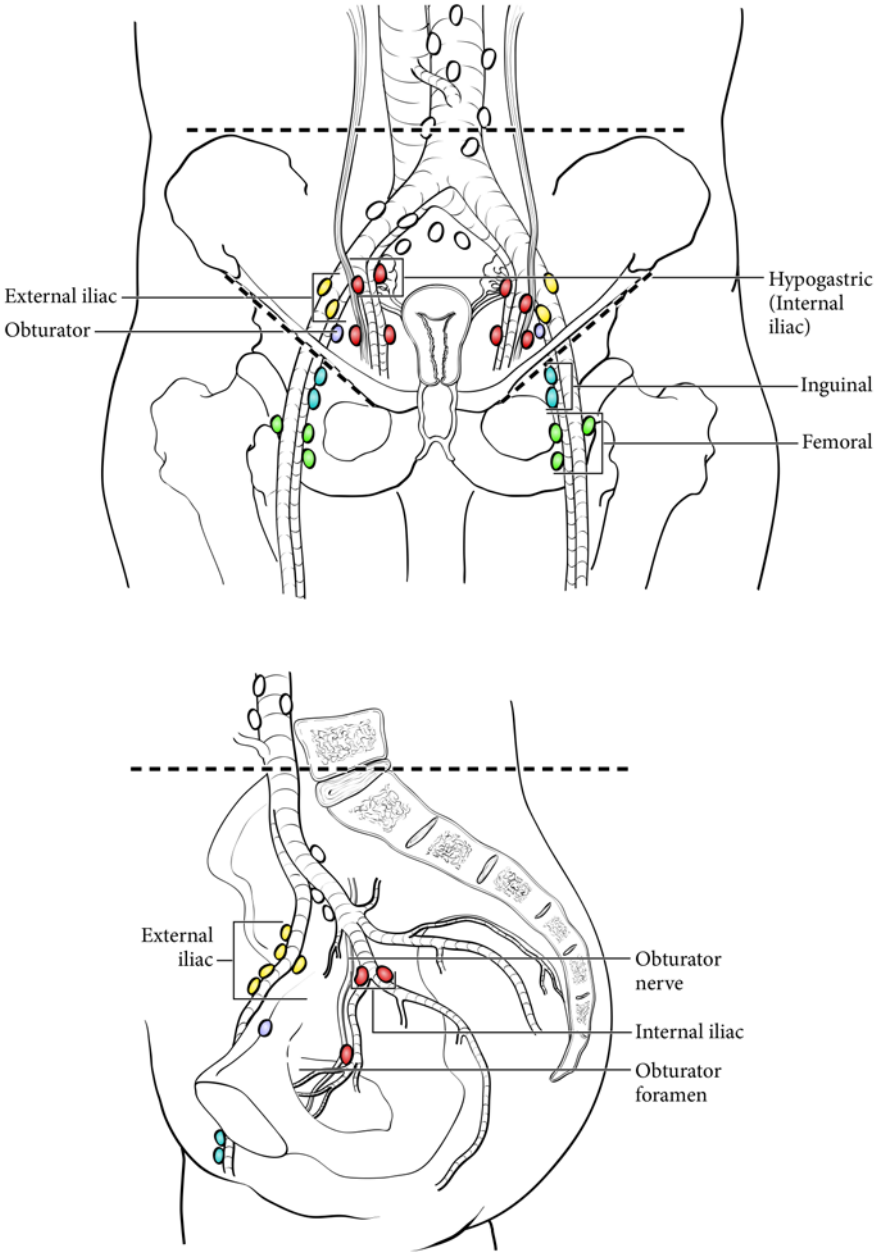
FIGURE 51.1 Anatomic sites and subsites of the vagina.



This form continues on the next page.

Hospital Name/Address	Patient Name/Information

FIGURE 51.2. Regional lymph nodes for the vagina.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

1 Terms of Use

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2 Instructions

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This form may be used by physicians to record data on T, N, and M categories; prognostic stage groups; additional prognostic factors; cancer grade; and other important information. This form may be useful for recording information in the medical record and for communicating information from physicians to the cancer registrar.

The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*FIGO Stage*	*T Criteria*
	TX		Primary tumor cannot be assessed
	T0		No evidence of primary tumor
	T1	I	Cervical carcinoma confined to the uterus (extension to corpus should be disregarded)
	T1a	IA	Invasive carcinoma diagnosed only by microscopy. Stromal invasion with a maximum depth of 5.0 mm measured from the base of the epithelium and a horizontal spread of 7.0 mm or less. Vascular space involvement, venous or lymphatic, does not affect classification.
	T1a1	IA1	Measured stromal invasion of 3.0 mm or less in depth and 7.0 mm or less in horizontal spread
	T1a2	IA2	Measured stromal invasion of more than 3.0 mm and not more than 5.0 mm, with a horizontal spread of 7.0 mm or less
	T1b	IB	Clinically visible lesion confined to the cervix or microscopic lesion greater than T1a/IA2. Includes all macroscopically visible lesions, even those with superficial invasion.
	T1b1	IB1	Clinically visible lesion 4.0 cm or less in greatest dimension
	T1b2	IB2	Clinically visible lesion more than 4.0 cm in greatest dimension
	T2	II	Cervical carcinoma invading beyond the uterus but not to the pelvic wall or to lower third of the vagina
	T2a	IIA	Tumor without parametrial invasion
	T2a1	IIA1	Clinically visible lesion 4.0 cm or less in greatest dimension
	T2a2	IIA2	Clinically visible lesion more than 4.0 cm in greatest dimension
	T2b	IIB	Tumor with parametrial invasion
	T3	III	Tumor extending to the pelvic sidewall* and/or involving the lower third of the vagina and/or causing hydronephrosis or nonfunctioning kidney
	T3a	IIIA	Tumor involving the lower third of the vagina but not extending to the pelvic wall
	T3b	IIIB	Tumor extending to the pelvic wall and/or causing hydronephrosis or nonfunctioning kidney
	T4	IVA	Tumor invading the mucosa of the bladder or rectum and/or extending beyond the true pelvis (bullous edema is not sufficient to classify a tumor as T4)

*The pelvic sidewall is defined as the muscle, fascia, neurovascular structures, and skeletal portions of the bony pelvis. On rectal examination, there is no cancer-free space between the tumor and pelvic sidewall.

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*FIGO Stage*	*N Criteria*
	NX		Regional lymph nodes cannot be assessed
	N0		No regional lymph node metastasis
	N0(i+)		Isolated tumor cells in regional lymph node(s) no greater than 0.2 mm
	N1		Regional lymph node metastasis

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*FIGO Stage*	*M Criteria*
	cM0		No distant metastasis
	cM1	IVB	Distant metastasis (including peritoneal spread or involvement of the supraclavicular, mediastinal, or distant lymph nodes; lung; liver; or bone)
	pM1	IVB	Distant metastasis (including peritoneal spread or involvement of the supraclavicular, mediastinal, or distant lymph nodes; lung; liver; or bone), microscopically confirmed

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	T1	Any N	M0	I
	T1a	Any N	M0	IA
	T1a1	Any N	M0	IA1
	T1a2	Any N	M0	IA2
	T1b	Any N	M0	IB
	T1b1	Any N	M0	IB1
	T1b2	Any N	M0	IB2
	T2	Any N	M0	II
	T2a	Any N	M0	IIA
	T2a1	Any N	M0	IIA1
	T2a2	Any N	M0	IIA2
	T2b	Any N	M0	IIB
	T3	Any N	M0	III
	T3a	Any N	M0	IIIA
	T3b	Any N	M0	IIIB
	T4	Any N	M0	IVA
	Any T	Any N	M1	IVB

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. FIGO stage:
2. Pelvic nodal status and method of assessment (microscopic, CT, PET, MR imaging):
3. Para-aortic nodal status and method of assessment:
4. Distant (mediastinal, scalene) nodal status and method of assessment:
5. P16 status:
6. HIV status:

Hospital Name/Address	**Patient Name/Information**

7 Histologic Grade (G)

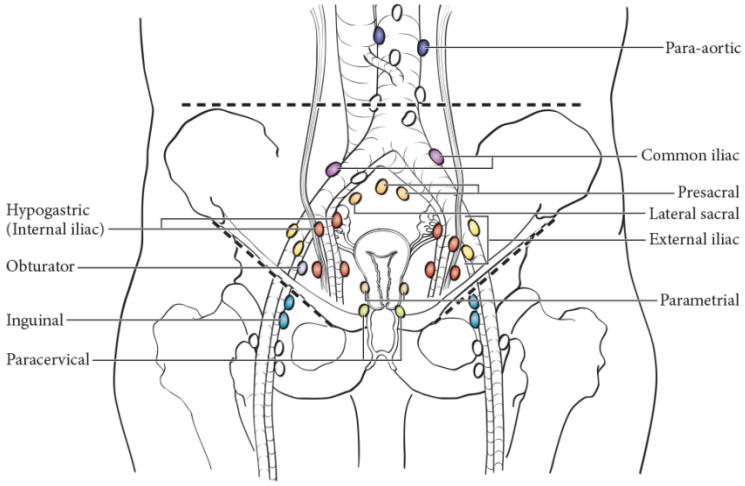
✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

9 Anatomy

FIGURE 52.1. Regional lymph nodes for the cervix uteri.



Physician Signature Date/Time

Hospital Name/Address	Patient Name/Information

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2 Instructions

See Principles of Cancer Staging (Chapter 1) of the *AJCC Cancer Staging Manual, Eighth Edition* for complete staging rules. Always refer to the respective chapter in the Manual for disease-specific rules for classification, as this form is not representative of all rules, exceptions and instructions for this disease.

This form may be used by physicians to record data on T, N, and M categories; prognostic stage groups; additional prognostic factors; cancer grade; and other important information. This form may be useful for recording information in the medical record and for communicating information from physicians to the cancer registrar.

The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*FIGO Stage*	*T Criteria*
	TX		Primary tumor cannot be assessed
	T0		No evidence of primary tumor
	T1	I	Tumor confined to the corpus uteri, including endocervical glandular involvement
	T1a	IA	Tumor limited to the endometrium or invading less than half the myometrium
	T1b	IB	Tumor invading one half or more of the myometrium
	T2	II	Tumor invading the stromal connective tissue of the cervix but not extending beyond the uterus. Does NOT include endocervical glandular involvement.
	T3	III	Tumor involving serosa, adnexa, vagina, or parametrium
	T3a	IIIA	Tumor involving the serosa and/or adnexa (direct extension or metastasis)
	T3b	IIIB	Vaginal involvement (direct extension or metastasis) or parametrial involvement
	T4	IVA	Tumor invading the bladder mucosa and/or bowel mucosa (bullous edema is not sufficient to classify a tumor as T4)

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*FIGO Stage*	*N Criteria*
	NX		Regional lymph nodes cannot be assessed
	N0		No regional lymph node metastasis
	N0(i+)		Isolated tumor cells in regional lymph node(s) no greater than 0.2 mm
	N1	IIIC1	Regional lymph node metastasis to pelvic lymph nodes
	N1mi	IIIC1	Regional lymph node metastasis (greater than 0.2 mm but not greater than 2.0 mm in diameter) to pelvic lymph nodes
	N1a	IIIC1	Regional lymph node metastasis (greater than 2.0 mm in diameter) to pelvic lymph nodes
	N2	IIIC2	Regional lymph node metastasis to para-aortic lymph nodes, with or without positive pelvic lymph nodes
	N2mi	IIIC2	Regional lymph node metastasis (greater than 0.2 mm but not greater than 2.0 mm in diameter) to para-aortic lymph nodes, with or without positive pelvic lymph nodes
	N2a	IIIC2	Regional lymph node metastasis (greater than 2.0 mm in diameter) to para-aortic lymph nodes, with or without positive pelvic lymph nodes
Suffix (sn) is added to the N category when metastasis is identified **only** by sentinel lymph node biopsy.			

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*FIGO Stage*	*M Criteria*
	cM0		No distant metastasis
	cM1	IVB	Distant metastasis (includes metastasis to inguinal lymph nodes, intraperitoneal disease, lung, liver, or bone) (It excludes metastasis to pelvic or para-aortic lymph nodes, vagina, uterine serosa, or adnexa.)
	pM1	IVB	Distant metastasis (includes metastasis to inguinal lymph nodes, intraperitoneal disease, lung, liver, or bone), microscopically confirmed (It excludes metastasis to pelvic or para-aortic lymph nodes, vagina, uterine serosa, or adnexa.)

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	T1	N0	M0	I
	T1a	N0	M0	IA
	T1b	N0	M0	IB
	T2	N0	M0	II
	T3	N0	M0	III
	T3a	N0	M0	IIIA
	T3b	N0	M0	IIIB
	T1–T3	N1/N1mi/N1a	M0	IIIC1
	T1–T3	N2/N2mi/N2a	M0	IIIC2
	T4	Any N	M0	IVA
	Any T	Any N	M1	IVB

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

6 Registry Data Collection Variables

See chapter for more details on these variables.

1.	FIGO stage:	
2.	Depth of myometrial invasion:	
3.	Lymphovascular space invasion:	
4.	Peritoneal cytology results:	Collected? ☐ Yes ☐ No If yes: ☐ Positive ☐ Negative
5.	Estrogen and progesterone receptor status:	
6.	Tumor suppressor and oncogene expression:	☐ Yes ☐ No
7.	Pelvic nodal dissection with number of nodes positive/examined:	
8.	Para-aortic nodal dissection with number of nodes positive/examined:	
9.	Percentage of nonendometrioid cell type in mixed-histology tumors:	
10.	Omentectomy performed:	☐ Yes ☐ No
11.	Morcellation:	☐ Yes ☐ No

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated

7.1 Histopathology: Degree of Differentiation

Cases of carcinoma of the corpus uteri should be grouped according to the degree of differentiation of the endometrioid adenocarcinoma:

✓	*G*	*G Definition*
	G1	5% or less of a nonsquamous or nonmorular solid growth pattern
	G2	6–50% of a nonsquamous or nonmorular solid growth pattern
	G3	More than 50% of a nonsquamous or nonmorular solid growth pattern. Papillary serous, clear cell, and carcinosarcoma are considered high grade.

Notes on Pathological Grading

1. Notable nuclear atypia exceeding that which is routinely expected for the architectural grade increases the tumor grade by 1 (i.e., 1 to 2 and 2 to 3).
2. Serous, clear cell, and mixed mesodermal tumors are *high risk* and considered grade 3.
3. Adenocarcinomas with benign squamous elements (squamous metaplasia) are graded according to the nuclear grade of the glandular component.

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

9 Anatomy

FIGURE 53.1. Anatomic sites and subsites of the corpus uteri.

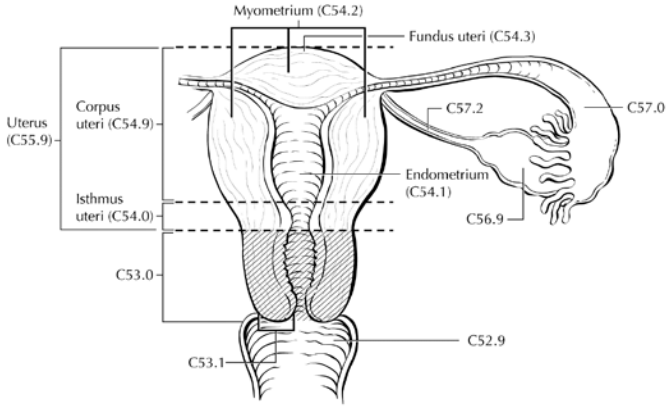
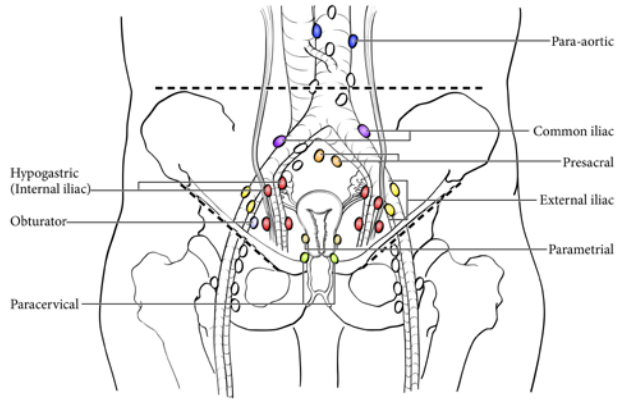


FIGURE 53.2. Regional lymph nodes of the corpus uteri.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

54. Corpus Uteri: Sarcoma

The Definitions for Primary Tumor (T) and AJCC Prognostic Stage Groups for Adenosarcomas differ from those for Leiomyosarcoma and Endometrial Stromal Sarcoma. It is for this reason that there are 2 separate staging forms for this chapter. Please choose the appropriate staging form based on histologic type.

54.1 Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

54.2 Corpus Uteri: Adenosarcoma

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The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*FIGO Stage*	*T Criteria*
	TX		Primary tumor cannot be assessed
	T0		No evidence of primary tumor
	T1	I	Tumor limited to the uterus
	T1a	IA	Tumor 5 cm or less in greatest dimension
	T1b	IB	Tumor more than 5 cm
	T2	II	Tumor extends beyond the uterus, within the pelvis
	T2a	IIA	Tumor involves adnexa
	T2b	IIB	Tumor involves other pelvic tissues
	T3	III	Tumor infiltrates abdominal tissues
	T3a	IIIA	Tumor infiltrates abdominal tissues in one site
	T3b	IIIB	Tumor infiltrates abdominal tissues in more than one site
	T4	IVA	Tumor invades bladder or rectum

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*FIGO Stage*	*N Criteria*
	NX		Regional lymph nodes cannot be assessed
	N0		No regional lymph node metastasis
	N0(i+)		Isolated tumor cells in regional lymph node(s) no greater than 0.2 mm
	N1	IIIC	Regional lymph node metastasis

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*FIGO Stage*	*M Criteria*
	cM0		No distant metastasis
	cM1	IVB	Distant metastasis (excluding adnexa, pelvic, and abdominal tissues)
	pM1	IVB	Distant metastasis (excluding adnexa, pelvic, and abdominal tissues), microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	T1	N0	M0	I
	T1a	N0	M0	IA
	T1b	N0	M0	IB
	T2	N0	M0	II
	T3a	N0	M0	IIIA
	T3b	N0	M0	IIIB
	T1-3	N1	M0	IIIC
	T4	Any N	M0	IVA
	Any T	Any N	M1	IVB

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Lymphovascular space involvement:
2. Pelvic nodal dissection, with number of nodes positive/examined:
3. Para-aortic nodal dissection, with number of nodes positive/examined:
4. Omentectomy performed: ☐ Yes ☐ No
5. Morcellation performed: ☐ Yes ☐ No
6. Cytogenetic analysis (ESS only):
7. Peritoneal washings, if recorded:

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated or undifferentiated

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 53.1. Anatomic sites and subsites of the corpus uteri.

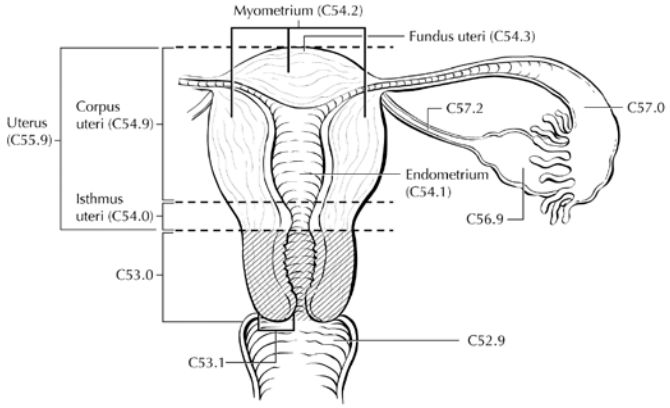
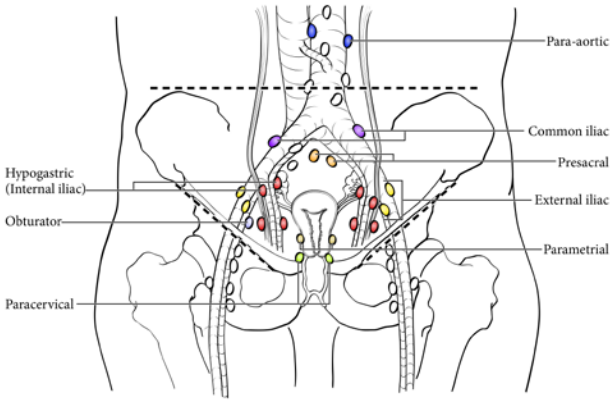


FIGURE 53.2. Regional lymph nodes of the corpus uteri.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*FIGO Stage*	*T Criteria*
	TX		Primary tumor cannot be assessed
	T0		No evidence of primary tumor
	T1	I	Tumor limited to the uterus
	T1a	IA	Tumor limited to the endometrium/endocervix
	T1b	IB	Tumor invades to less than half of the myometrium
	T1c	IC	Tumor invades one half or more of the myometrium
	T2	II	Tumor extends beyond the uterus, within the pelvis
	T2a	IIA	Tumor involves adnexa
	T2b	IIB	Tumor involves other pelvic tissues
	T3	III	Tumor infiltrates abdominal tissues
	T3a	IIIA	Tumor infiltrates abdominal tissues in one site
	T3b	IIIB	Tumor infiltrates abdominal tissues in more than one site
	T4	IVA	Tumor invades bladder or rectum

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*FIGO Stage*	*N Criteria*
	NX		Regional lymph nodes cannot be assessed
	N0		No regional lymph node metastasis
	N0(i+)		Isolated tumor cells in regional lymph node(s) no greater than 0.2 mm
	N1	IIIC	Regional lymph node metastasis

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*FIGO Stage*	*M Criteria*
	cM0		No distant metastasis
	cM1	IVB	Distant metastasis (excluding adnexa, pelvic, and abdominal tissues)
	pM1	IVB	Distant metastasis (excluding adnexa, pelvic, and abdominal tissues), microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	T1	N0	M0	I
	T1a	N0	M0	IA
	T1b	N0	M0	IB
	T1c	N0	M0	IC
	T2	N0	M0	II
	T3a	N0	M0	IIIA
	T3b	N0	M0	IIIB
	T1–3	N1	M0	IIIC
	T4	Any N	M0	IVA
	Any T	Any N	M1	IVB

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Lymphovascular space involvement:
2. Pelvic nodal dissection, with number of nodes positive/examined:
3. Para-aortic nodal dissection, with number of nodes positive/examined:
4. Omentectomy performed: ☐ Yes ☐ No
5. Morcellation: ☐ Yes ☐ No
6. Presence of sarcomatous overgrowth:
7. Peritoneal washings, if recorded:

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated or undifferentiated

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 53.1. Anatomic sites and subsites of the corpus uteri.

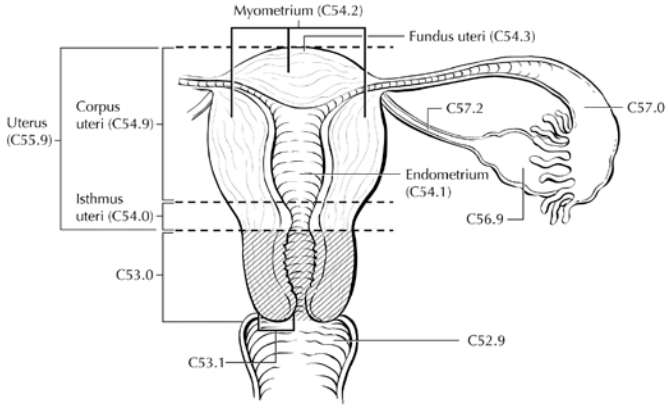
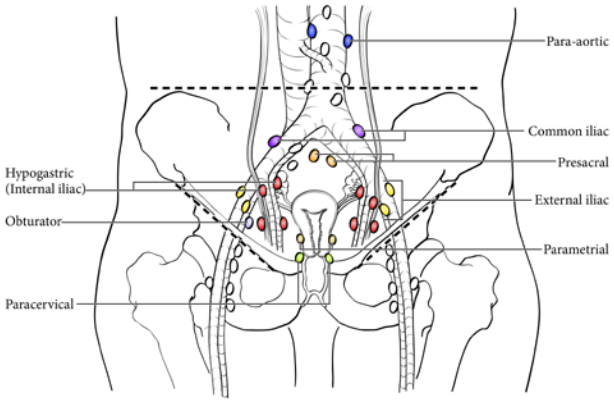


FIGURE 53.2. Regional lymph nodes of the corpus uteri.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*FIGO Stage*	*T Criteria*
	TX		Primary tumor cannot be assessed
	T0		No evidence of primary tumor
	T1	I	Tumor limited to ovaries (one or both) or fallopian tube(s)
	T1a	IA	Tumor limited to one ovary (capsule intact) or fallopian tube, no tumor on ovarian or fallopian tube surface; no malignant cells in ascites or peritoneal washings
	T1b	IB	Tumor limited to both ovaries (capsules intact) or fallopian tubes; no tumor on ovarian or fallopian tube surface; no malignant cells in ascites or peritoneal washings
	T1c	IC	Tumor limited to one or both ovaries or fallopian tubes, with any of the following:
	T1c1	IC1	Surgical spill
	T1c2	IC2	Capsule ruptured before surgery or tumor on ovarian or fallopian tube surface
	T1c3	IC3	Malignant cells in ascites or peritoneal washings
	T2	II	Tumor involves one or both ovaries or fallopian tubes with pelvic extension below pelvic brim or primary peritoneal cancer
	T2a	IIA	Extension and/or implants on the uterus and/or fallopian tube(s) and/or ovaries
	T2b	IIB	Extension to and/or implants on other pelvic tissues
	T3	III	Tumor involves one or both ovaries or fallopian tubes, or primary peritoneal cancer, with microscopically confirmed peritoneal metastasis outside the pelvis and/or metastasis to the retroperitoneal (pelvic and/or para-aortic) lymph nodes
	T3a	IIIA2	Microscopic extrapelvic (above the pelvic brim) peritoneal involvement with or without positive retroperitoneal lymph nodes
	T3b	IIIB	Macroscopic peritoneal metastasis beyond pelvis 2 cm or less in greatest dimension with or without metastasis to the retroperitoneal lymph nodes
	T3c	IIIC	Macroscopic peritoneal metastasis beyond the pelvis more than 2 cm in greatest dimension with or without metastasis to the retroperitoneal lymph nodes (includes extension of tumor to capsule of liver and spleen without parenchymal involvement of either organ)

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*FIGO Stage*	*N Criteria*
	NX		Regional lymph nodes cannot be assessed
	N0		No regional lymph node metastasis
	N0(i+)		Isolated tumor cells in regional lymph node(s) no greater than 0.2 mm
	N1	IIIA1	Positive retroperitoneal lymph nodes only (histologically confirmed)
	N1a	IIIA1i	Metastasis up to and including 10 mm in greatest dimension
	N1b	IIIA1ii	Metastasis more than 10 mm in greatest dimension

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*FIGO Stage*	*M Criteria*
	cM0		No distant metastasis
	cM1	IV	Distant metastasis, including pleural effusion with positive cytology; liver or splenic parenchymal metastasis; metastasis to extra-abdominal organs (including inguinal lymph nodes and lymph nodes outside the abdominal cavity); and transmural involvement of intestine
	cM1a	IVA	Pleural effusion with positive cytology
	cM1b	IVB	Liver or splenic parenchymal metastases; metastases to extra-abdominal organs (including inguinal lymph nodes and lymph nodes outside the abdominal cavity); transmural involvement of intestine
	pM1	IV	Distant metastasis, including pleural effusion with positive cytology; liver or splenic parenchymal metastasis; metastasis to extra-abdominal organs (including inguinal lymph nodes and lymph nodes outside the abdominal cavity); and transmural involvement of intestine, microscopically confirmed
	pM1a	IVA	Pleural effusion with positive cytology, microscopically confirmed
	pM1b	IVB	Liver or splenic parenchymal metastases; metastases to extra-abdominal organs (including inguinal lymph nodes and lymph nodes outside the abdominal cavity); transmural involvement of intestine, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	T1	N0	M0	I
	T1a	N0	M0	IA
	T1b	N0	M0	IB
	T1c	N0	M0	IC
	T2	N0	M0	II
	T2a	N0	M0	IIA
	T2b	N0	M0	IIB
	T1/T2	N1	M0	IIIA1
	T3a	NX, N0, N1	M0	IIIA2
	T3b	NX, N0, N1	M0	IIIB
	T3c	NX, N0, N1	M0	IIIC
	Any T	Any N	M1	IV
	Any T	Any N	M1a	IVA
	Any T	Any N	M1b	IVB

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. FIGO stage:
2. Preoperative CA-125 level:
3. Gross residual tumor after primary cytoreductive surgery:
4. Residual tumor volume after primary cytoreductive surgery:
5. Residual tumor location following primary cytoreductive surgery:

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	GB	Borderline tumor
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated or undifferentiated

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 55.1. Anatomic sites of the ovary (C56.9), fallopian tube (C57.0) and primary peritoneum (C48).

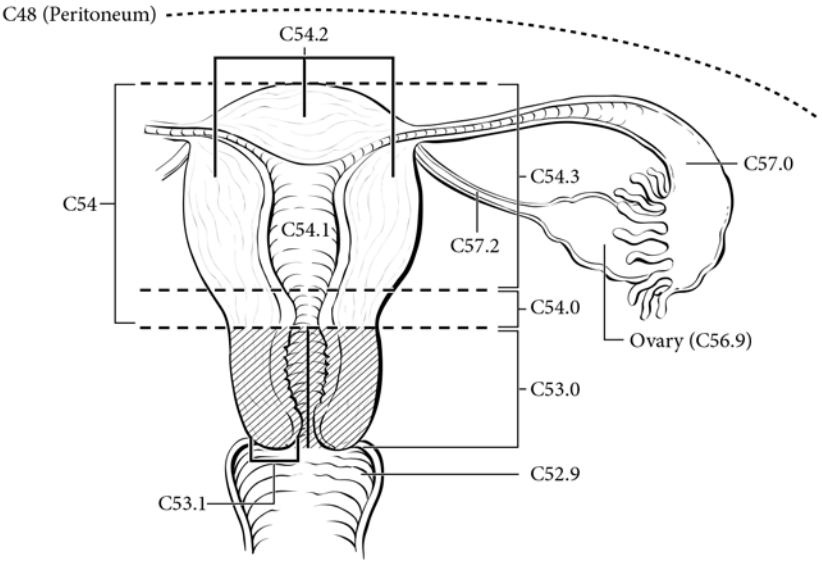
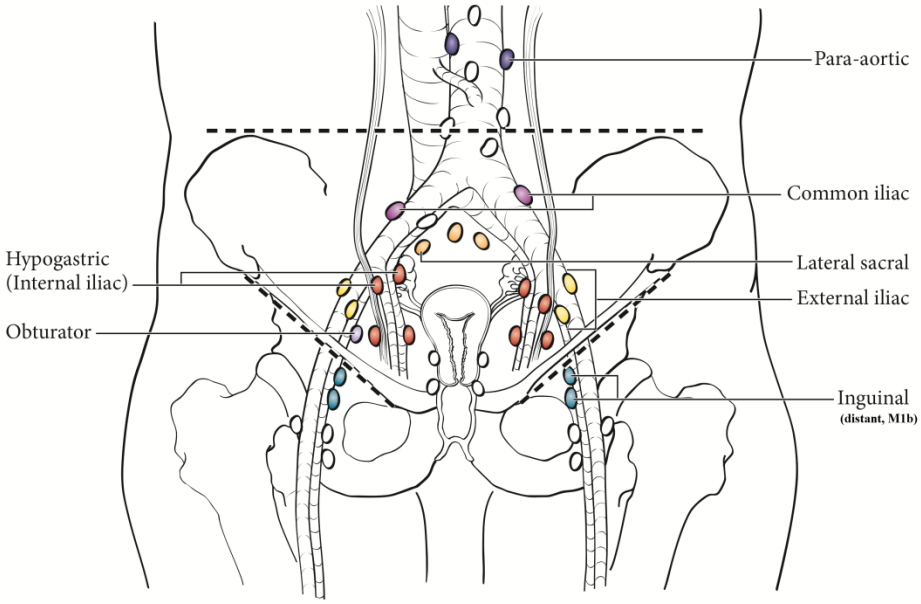


FIGURE 55.2. Regional lymph nodes of ovary, fallopian tube and primary peritoneal carcinomas.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*FIGO Stage*	*T Criteria*
	TX		Primary tumor cannot be assessed
	T0		No evidence of primary tumor
	T1	I	Tumor confined to uterus
	T2	II	Tumor extends to other genital structures (ovary, tube, vagina, broad ligaments) by metastasis or direct extension

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

Nodal involvement in gestational trophoblastic neoplasia is uncommon (0.5%), but reportedly occurs in 6–16% of PSTTs.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*FIGO Stage*	*M Criteria*
	cM0		No distant metastasis
	cM1		Distant metastasis
	cM1a	III	Lung metastasis
	cM1b	IV	All other distant metastases
	pM1		Distant metastasis, microscopically confirmed
	pM1a	III	Lung metastasis, microscopically confirmed
	pM1b	IV	All other distant metastases, microscopically confirmed

5 Prognostic Factors Required for Stage Grouping

5.1 Risk Score

Enter score for each factor and add scores together for total risk score.

	Risk Score				
Prognostic Factor	***0***	***1***	***2***	***4***	***Factor Score***
Age (years)	<40	≥40			
Antecedent pregnancy	Hydatidiform mole	Abortion	Term pregnancy		
Interval months from index pregnancy	<4	4–6	7–12	>12	
Pretreatment hCG (IU/mL)	$<10^3$	10^3 to $<10^4$	10^4 to $<10^5$	$\geq 10^5$	
Largest tumor size, including uterus (cm)	<3	3–5	>5		
Site of metastases	Lung	Spleen, kidney	Gastrointestinal tract	Brain, liver	
Number of metastases identified		1–4	5–8	>8	
Previous failed chemotherapy			Single drug	Two or more drugs	
Total Risk Score					

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

6 AJCC Prognostic Stage Groups

In 2000, FIGO combined its anatomic staging system with the modified WHO risk factor scoring system. In 2002, FIGO changed the WHO risk factor score cutoff for low-risk disease to <6, with high-risk disease >7, thus eliminating intermediate-risk disease. The current FIGO classification includes an anatomic stage designated by Roman numeral I, II, III, or IV, followed by the risk factor score expressed in Arabic numerals (e.g., Stage II: 4, Stage IV: 9).

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*And Risk Score is…*	*Then Stage is…*
	T1	n/a	M0	0	I:0
	T1	n/a	M0	1	I:1
	T1	n/a	M0	2	I:2
	T1	n/a	M0	3	I:3
	T1	n/a	M0	4	I:4
	T1	n/a	M0	5	I:5
	T1	n/a	M0	6	I:6
	T1	n/a	M0	7	I:7
	T1	n/a	M0	8	I:8
	T1	n/a	M0	9	I:9
	T1	n/a	M0	10	I:10
	T1	n/a	M0	11	I:11
	T1	n/a	M0	12	I:12
	T1	n/a	M0	13	I:13
	T1	n/a	M0	14	I:14
	T1	n/a	M0	15	I:15
	T1	n/a	M0	16	I:16
	T1	n/a	M0	17	I:17
	T1	n/a	M0	18	I:18
	T1	n/a	M0	19	I:19
	T1	n/a	M0	20	I:20
	T1	n/a	M0	21	I:21
	T1	n/a	M0	22	I:22
	T1	n/a	M0	23	I:23
	T1	n/a	M0	24	I:24
	T1	n/a	M0	25	I:25
	T1	n/a	M1a	0	III:0
	T1	n/a	M1a	1	III:1
	T1	n/a	M1a	2	III:2
	T1	n/a	M1a	3	III:3
	T1	n/a	M1a	4	III:4
	T1	n/a	M1a	5	III:5

Hospital Name/Address	**Patient Name/Information**

✓	*When T is…*	*And N is…*	*And M is…*	*And Risk Score is…*	*Then Stage is…*
	T1	n/a	M1a	6	III:6
	T1	n/a	M1a	7	III:7
	T1	n/a	M1a	8	III:8
	T1	n/a	M1a	9	III:9
	T1	n/a	M1a	10	III:10
	T1	n/a	M1a	11	III:11
	T1	n/a	M1a	12	III:12
	T1	n/a	M1a	13	III:13
	T1	n/a	M1a	14	III:14
	T1	n/a	M1a	15	III:15
	T1	n/a	M1a	16	III:16
	T1	n/a	M1a	17	III:17
	T1	n/a	M1a	18	III:18
	T1	n/a	M1a	19	III:19
	T1	n/a	M1a	20	III:20
	T1	n/a	M1a	21	III:21
	T1	n/a	M1a	22	III:22
	T1	n/a	M1a	23	III:23
	T1	n/a	M1a	24	III:24
	T1	n/a	M1a	25	III:25
	T1	n/a	M1b	0	IV:0
	T1	n/a	M1b	1	IV:1
	T1	n/a	M1b	2	IV:2
	T1	n/a	M1b	3	IV:3
	T1	n/a	M1b	4	IV:4
	T1	n/a	M1b	5	IV:5
	T1	n/a	M1b	6	IV:6
	T1	n/a	M1b	7	IV:7
	T1	n/a	M1b	8	IV:8
	T1	n/a	M1b	9	IV:9
	T1	n/a	M1b	10	IV:10
	T1	n/a	M1b	11	IV:11
	T1	n/a	M1b	12	IV:12
	T1	n/a	M1b	13	IV:13
	T1	n/a	M1b	14	IV:14
	T1	n/a	M1b	15	IV:15
	T1	n/a	M1b	16	IV:16
	T1	n/a	M1b	17	IV:17

Hospital Name/Address	**Patient Name/Information**

✓	*When T is…*	*And N is…*	*And M is…*	*And Risk Score is…*	*Then Stage is…*
	T1	n/a	M1b	18	IV:18
	T1	n/a	M1b	19	IV:19
	T1	n/a	M1b	20	IV:20
	T1	n/a	M1b	21	IV:21
	T1	n/a	M1b	22	IV:22
	T1	n/a	M1b	23	IV:23
	T1	n/a	M1b	24	IV:24
	T1	n/a	M1b	25	IV:25
	T2	n/a	M0	0	II:0
	T2	n/a	M0	1	II:1
	T2	n/a	M0	2	II:2
	T2	n/a	M0	3	II:3
	T2	n/a	M0	4	II:4
	T2	n/a	M0	5	II:5
	T2	n/a	M0	6	II:6
	T2	n/a	M0	7	II:7
	T2	n/a	M0	8	II:8
	T2	n/a	M0	9	II:9
	T2	n/a	M0	10	II:10
	T2	n/a	M0	11	II:11
	T2	n/a	M0	12	II:12
	T2	n/a	M0	13	II:13
	T2	n/a	M0	14	II:14
	T2	n/a	M0	15	II:15
	T2	n/a	M0	16	II:16
	T2	n/a	M0	17	II:17
	T2	n/a	M0	18	II:18
	T2	n/a	M0	19	II:19
	T2	n/a	M0	20	II:20
	T2	n/a	M0	21	II:21
	T2	n/a	M0	22	II:22
	T2	n/a	M0	23	II:23
	T2	n/a	M0	24	II:24
	T2	n/a	M0	25	II:25
	T2	n/a	M1a	0	III:0
	T2	n/a	M1a	1	III:1
	T2	n/a	M1a	2	III:2
	T2	n/a	M1a	3	III:3

Hospital Name/Address	**Patient Name/Information**

✓	*When T is…*	*And N is…*	*And M is…*	*And Risk Score is…*	*Then Stage is…*
	T2	n/a	M1a	4	III:4
	T2	n/a	M1a	5	III:5
	T2	n/a	M1a	6	III:6
	T2	n/a	M1a	7	III:7
	T2	n/a	M1a	8	III:8
	T2	n/a	M1a	9	III:9
	T2	n/a	M1a	10	III:10
	T2	n/a	M1a	11	III:11
	T2	n/a	M1a	12	III:12
	T2	n/a	M1a	13	III:13
	T2	n/a	M1a	14	III:14
	T2	n/a	M1a	15	III:15
	T2	n/a	M1a	16	III:16
	T2	n/a	M1a	17	III:17
	T2	n/a	M1a	18	III:18
	T2	n/a	M1a	19	III:19
	T2	n/a	M1a	20	III:20
	T2	n/a	M1a	21	III:21
	T2	n/a	M1a	22	III:22
	T2	n/a	M1a	23	III:23
	T2	n/a	M1a	24	III:24
	T2	n/a	M1a	25	III:25
	T2	n/a	M1b	0	IV:0
	T2	n/a	M1b	1	IV:1
	T2	n/a	M1b	2	IV:2
	T2	n/a	M1b	3	IV:3
	T2	n/a	M1b	4	IV:4
	T2	n/a	M1b	5	IV:5
	T2	n/a	M1b	6	IV:6
	T2	n/a	M1b	7	IV:7
	T2	n/a	M1b	8	IV:8
	T2	n/a	M1b	9	IV:9
	T2	n/a	M1b	10	IV:10
	T2	n/a	M1b	11	IV:11
	T2	n/a	M1b	12	IV:12
	T2	n/a	M1b	13	IV:13
	T2	n/a	M1b	14	IV:14
	T2	n/a	M1b	15	IV:15

Hospital Name/Address	**Patient Name/Information**

✓	*When T is…*	*And N is…*	*And M is…*	*And Risk Score is…*	*Then Stage is…*
	T2	n/a	M1b	16	IV:16
	T2	n/a	M1b	17	IV:17
	T2	n/a	M1b	18	IV:18
	T2	n/a	M1b	19	IV:19
	T2	n/a	M1b	20	IV:20
	T2	n/a	M1b	21	IV:21
	T2	n/a	M1b	22	IV:22
	T2	n/a	M1b	23	IV:23
	T2	n/a	M1b	24	IV:24
	T2	n/a	M1b	25	IV:25

7 Registry Data Collection Variables

See chapter for more details on these variables.

1. Risk score:
2. FIGO stage:

8 Histologic Grade G)

Histologic grade is not applicable to GTNs.

9 Lymphovascular Invasion LVI)

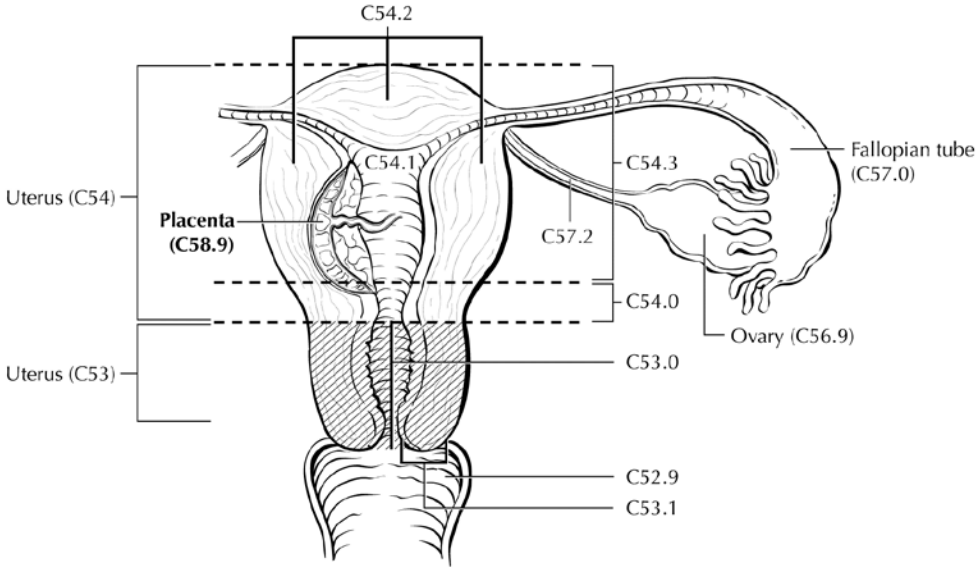
✓	*Component of LVI Coding*	*Description*
	0	LVI not present absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only L)
	3	Venous large vessel) invasion only V)
	4	BOTH lymphatic and small vessel AND venous large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

10 Anatomy

FIGURE 56.1. Anatomic site of the placenta for gestational trophoblastic tumors.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

1 Terms of Use

The cancer staging form is a specific document in the patient record; it is not a substitute for documentation of history, physical examination, and staging evaluation, or for documenting treatment plans or follow-up. The staging forms available in conjunction with the *AJCC Cancer Staging Manual, Eighth Edition* may be used by individuals without permission from the ACS or the publisher. They cannot be sold, distributed, published, or incorporated into any software (including any electronic record systems), product, or publication without a written license agreement with ACS. The forms cannot be modified, changed, or updated without the express written permission of ACS.

2 Instructions

See Principles of Cancer Staging (Chapter 1) of the *AJCC Cancer Staging Manual, Eighth Edition* for complete staging rules. Always refer to the respective chapter in the Manual for disease-specific rules for classification, as this form is not representative of all rules, exceptions and instructions for this disease.

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The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	Tis	Carcinoma in situ (Penile intraepithelial neoplasia [PeIN])
	Ta	Noninvasive localized squamous cell carcinoma
	T1	Glans: Tumor invades lamina propria Foreskin: Tumor invades dermis, lamina propria, or dartos fascia Shaft: Tumor invades connective tissue between epidermis and corpora regardless of location All sites with or without lymphovascular invasion or perineural invasion and is or is not high grade
	T1a	Tumor is without lymphovascular invasion or perineural invasion and is not high grade (i.e., grade 3 or sarcomatoid)
	T1b	Tumor exhibits lymphovascular invasion and/or perineural invasion or is high grade (i.e., grade 3 or sarcomatoid)
	T2	Tumor invades into corpus spongiosum (either glans or ventral shaft) with or without urethral invasion
	T3	Tumor invades into corpora cavernosum (including tunica albuginea) with or without urethral invasion
	T4	Tumor invades into adjacent structures (i.e., scrotum, prostate, pubic bone)

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

4.2.1 Clinical N (cN)

✓	*N Category*	*N Criteria*
	cNX	Regional lymph nodes cannot be assessed
	cN0	No palpable or visibly enlarged inguinal lymph nodes
	cN1	Palpable mobile unilateral inguinal lymph node
	cN2	Palpable mobile ≥ 2 unilateral inguinal nodes or bilateral inguinal lymph nodes
	cN3	Palpable fixed inguinal nodal mass or pelvic lymphadenopathy unilateral or bilateral

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.2.2 Pathological N (pN)

✓	*N Category*	*N Criteria*
	pNX	Lymph node metastasis cannot be established
	pN0	No lymph node metastasis
	pN1	≤ 2 unilateral inguinal metastases, no ENE
	pN2	≥ 3 unilateral inguinal metastases or bilateral metastases, no ENE
	pN3	ENE of lymph node metastases or pelvic lymph node metastases

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system.

Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Tis	N0	M0	0is
	Ta	N0	M0	0a
	T1a	N0	M0	I
	T1b	N0	M0	IIA
	T2	N0	M0	IIA
	T3	N0	M0	IIB
	T1-3	N1	M0	IIIA
	T1-3	N2	M0	IIIB
	T4	Any N	M0	IV
	Any T	N3	M0	IV
	Any T	Any N	M1	IV

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Histologic subtype:
2. Size of largest nodal metastasis:
3. Total number of lymph nodes removed:
4. High-risk HPV expression :
5. p16 immunohistochemical expression:
6. Urethral mucosal invasion:

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated/high grade

This form continues on the next page.

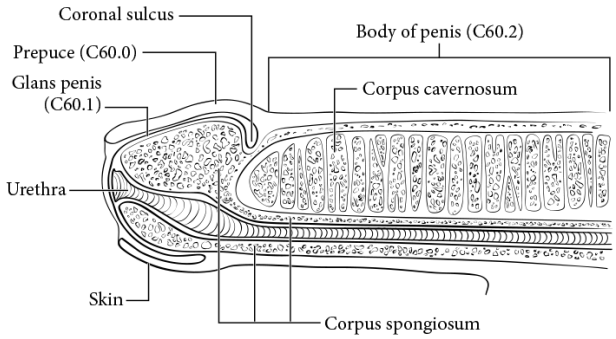
Hospital Name/Address	**Patient Name/Information**

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

9 Anatomy

FIGURE 57.1. Anatomy of the penis.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

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This form may be used by physicians to record data on T, N, and M categories; prognostic stage groups; additional prognostic factors; cancer grade; and other important information. This form may be useful for recording information in the medical record and for communicating information from physicians to the cancer registrar.

The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

4.1.1 Clinical T (cT)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	T1	Clinically inapparent tumor that is not palpable
	T1a	Tumor incidental histologic finding in 5% or less of tissue resected
	T1b	Tumor incidental histologic finding in more than 5% of tissue resected
	T1c	Tumor identified by needle biopsy found in one or both sides, but not palpable
	T2	Tumor is palpable and confined within prostate
	T2a	Tumor involves one-half of one side or less
	T2b	Tumor involves more than one-half of one side but not both sides
	T2c	Tumor involves both sides
	T3	Extraprostatic tumor that is not fixed or does not invade adjacent structures
	T3a	Extraprostatic extension (unilateral or bilateral)
	T3b	Tumor invades seminal vesicle(s)
	T4	Tumor is fixed or invades adjacent structures other than seminal vesicles such as external sphincter, rectum, bladder, levator muscles, and/or pelvic wall

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.1.2 Pathological T (pT)

✓	*T Category*	*T Criteria*
	T2	Organ confined
	T3	Extraprostatic extension
	T3a	Extraprostatic extension (unilateral or bilateral) or microscopic invasion of bladder neck
	T3b	Tumor invades seminal vesicle(s)
	T4	Tumor is fixed or invades adjacent structures other than seminal vesicles such as external sphincter, rectum, bladder, levator muscles, and/or pelvic wall
Note: There is no pathological T1 classification. Note: Positive surgical margin should be indicated by an R1 descriptor, indicating residual microscopic disease.		

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No positive regional nodes
	N1	Metastases in regional node(s)

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system.

Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	cM1a	Nonregional lymph node(s)
	cM1b	Bone(s)
	cM1c	Other site(s) with or without bone disease
	pM1	Distant metastasis, microscopically confirmed
	pM1a	Nonregional lymph node(s), microscopically confirmed
	pM1b	Bone(s), microscopically confirmed
	pM1c	Other site(s) with or without bone disease, microscopically confirmed
Note: When more than one site of metastasis is present, the most advanced category is used. M1c is most advanced.		

5 Prognostic Factors Required for Stage Grouping

5.1 Definition of Prostate-Specific Antigen (PSA)

PSA values are used to assign this category.

✓	*PSA values*
	< 10
	≥ 10 < 20
	< 20
	≥ 20
	Any value

5.2 Definition of Histologic Grade Group (G)

✓	*Grade Group (G)*	*Gleason Score*	*Gleason Pattern*
	1	≤ 6	≤ 3+3
	2	7	3+4
	3	7	4+3
	4	8	4+4, 3+5, 5+3
	5	9 or 10	4+5, 5+4, or 5+5

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

6 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*And PSA is…*	*And Grade Group is…*	*Then the stage group is…*
	cT1a-c, cT2a	N0	M0	< 10	1	I
	pT2	N0	M0	< 10	1	I
	cT1a-c, cT2a, pT2	N0	M0	≥ 10 < 20	1	IIA
	cT2b-c	N0	M0	< 20	1	IIA
	T1-2	N0	M0	< 20	2	IIB
	T1-2	N0	M0	< 20	3	IIC
	T1-2	N0	M0	< 20	4	IIC
	T1-2	N0	M0	≥ 20	1–4	IIIA
	T3-4	N0	M0	Any	1–4	IIIB
	Any T	N0	M0	Any	5	IIIC
	Any T	N1	M0	Any	Any	IVA
	Any T	Any N	M1	Any	Any	IVB

Note: When either PSA or Grade Group is not available, grouping should be determined by T category and/or either PSA or Grade Group as available.

7 Registry Data Collection Variables

See chapter for more details on these variables.

1. Pretreatment serum PSA levels lab value (in tenths, highest value XXX.X, last pre-diagnosis value):
2. Grade Group for clinical stage:
3. Gleason score for clinical stage:
4. Gleason patterns for clinical stage:
5. Grade Group for pathological stage:
6. Gleason score for pathological stage:
7. Gleason patterns for pathological stage:
8. Tertiary Gleason pattern on prostatectomy:
9. Number of cores examined:
10. Number of cores positive:
11. Needle core biopsies positive: ☐ in one side ☐ in both sides ☐ beyond prostate
12. Metastatic sites:

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

Hospital Name/Address	**Patient Name/Information**

This form continues on the next page.

9 Anatomy

FIGURE 58.1. Anatomy of the prostate.

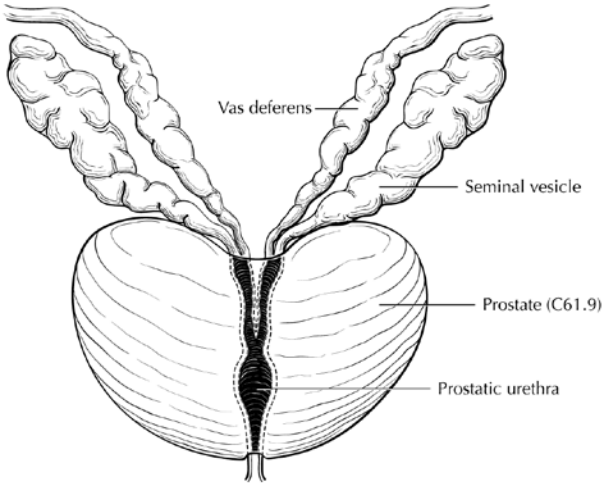
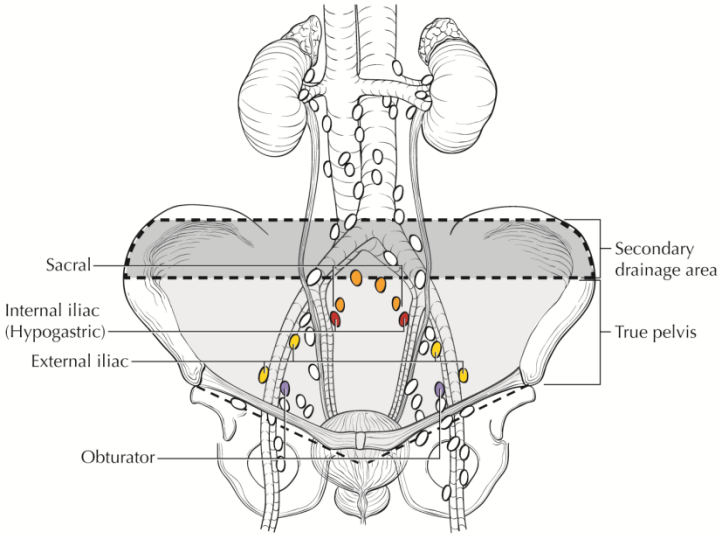


FIGURE 58.2. Lymph nodes of the prostate. The shaded area represents distribution of regional lymph nodes. The non-shaded area indicates nodes outside of regional distribution.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

1 Terms of Use

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2 Instructions

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The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

4.1.1 Clinical T (cT)

✓	*T Category*	*T Criteria*
	cTX	Primary tumor cannot be assessed
	cT0	No evidence of primary tumor
	cTis	Germ cell neoplasia *in situ*
	cT4	Tumor invades scrotum with or without vascular/lymphatic invasion
Note: Except for Tis confirmed by biopsy and T4, the extent of the primary tumor is classified by radical orchiectomy. TX may be used for other categories for clinical staging.		

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.1.2 Pathological T (pT)

✓	*T Category*	*T Criteria*
	pTX	Primary tumor cannot be assessed
	pT0	No evidence of primary tumor
	pTis	Germ cell neoplasia *in situ*
	pT1	Tumor limited to testis (including rete testis invasion) without lymphovascular invasion
	pT1a*	Tumor smaller than 3 cm in size
	pT1b*	Tumor 3 cm or larger in size
	pT2	Tumor limited to testis (including rete testis invasion) with lymphovascular invasion OR Tumor invading hilar soft tissue or epididymis or penetrating visceral mesothelial layer covering the external surface of tunica albuginea with or without lymphovascular invasion
	pT3	Tumor directly invades spermatic cord soft tissue with or without lymphovascular invasion
	pT4	Tumor invades scrotum with or without lymphovascular invasion
*Subclassification of pT1 applies only to pure seminoma.		

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4.2 Definition of Regional Lymph Node (N)

4.2.1 Clinical N (cN)

✓	*N Category*	*N Criteria*
	cNX	Regional lymph nodes cannot be assessed
	cN0	No regional lymph node metastasis
	cN1	Metastasis with a lymph node mass 2 cm or smaller in greatest dimension OR Multiple lymph nodes, none larger than 2 cm in greatest dimension
	cN2	Metastasis with a lymph node mass larger than 2 cm but not larger than 5 cm in greatest dimension OR Multiple lymph nodes, any one mass larger than 2 cm but not larger than 5 cm in greatest dimension
	cN3	Metastasis with a lymph node mass larger than 5 cm in greatest dimension

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.2.2 Pathological N (pN)

	N Category	*N Criteria*
	pNX	Regional lymph nodes cannot be assessed
	pN0	No regional lymph node metastasis
	pN1	Metastasis with a lymph node mass 2 cm or smaller in greatest dimension and less than or equal to five nodes positive, none larger than 2 cm in greatest dimension
	pN2	Metastasis with a lymph node mass larger than 2 cm but not larger than 5 cm in greatest dimension; or more than five nodes positive, none larger than 5 cm; or evidence of extranodal extension of tumor
	pN3	Metastasis with a lymph node mass larger than 5 cm in greatest dimension

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system.

Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastases
	cM1	Distant metastases
	cM1a	Non-retroperitoneal nodal or pulmonary metastases
	cM1b	Non-pulmonary visceral metastases
	pM1	Distant metastases, microscopically confirmed
	pM1a	Non-retroperitoneal nodal or pulmonary metastases, microscopically confirmed
	pM1b	Non-pulmonary visceral metastases, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 Prognostic Factors Required for Stage Grouping

5.1 Definition of Serum Markers (S)

✓	*S Category*	*S Criteria*
	SX	Marker studies not available or not performed
	S0	Marker study levels within normal limits
	S1	LDH < 1.5 × N**and* hCG (mIU/mL) < 5,000 *and* AFP (ng/mL) < 1,000
	S2	LDH 1.5–10 × N**or* hCG (mIU/mL) 5,000-50,000 *or* AFP (ng/mL) 1,000–10,000
	S3	LDH > 10 × N**or* hCG (mIU/mL) >50,000 *or* AFP (ng/mL) > 10,000
*N indicates the upper limit of normal for the LDH assay.		

6 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*And S is…*	*Then the stage group is…*
	pTis	N0	M0	S0	0
	pT1-T4	N0	M0	SX	I
	pT1	N0	M0	S0	IA
	pT2	N0	M0	S0	IB
	pT3	N0	M0	S0	IB
	pT4	N0	M0	S0	IB
	Any pT/TX	N0	M0	S1–3	IS
	Any pT/TX	N1–3	M0	SX	II
	Any pT/TX	N1	M0	S0	IIA
	Any pT/TX	N1	M0	S1	IIA
	Any pT/TX	N2	M0	S0	IIB
	Any pT/TX	N2	M0	S1	IIB
	Any pT/TX	N3	M0	S0	IIC
	Any pT/TX	N3	M0	S1	IIC
	Any pT/TX	Any N	M1	SX	III
	Any pT/TX	Any N	M1a	S0	IIIA
	Any pT/TX	Any N	M1a	S1	IIIA
	Any pT/TX	N1–3	M0	S2	IIIB
	Any pT/TX	Any N	M1a	S2	IIIB
	Any pT/TX	N1–3	M0	S3	IIIC
	Any pT/TX	Any N	M1a	S3	IIIC
	Any pT/TX	Any N	M1b	Any S	IIIC

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

7 Registry Data Collection Variables

See chapter for more details on these variables.

Clinical stage grouping

1. Serum tumor markers (S) for clinical stage grouping:
2. Alpha fetoprotein (AFP) for clinical stage grouping (xx,xxx ng/mL):
3. Human chorionic gonadotropin (hCG) for clinical stage grouping (xx,xxx mIU/ml):
4. Lactate dehydrogenase (LDH) for clinical stage grouping (xx,xxx U/L):

Pathological stage grouping

5. Serum tumor markers (S) for pathological stage grouping:
6. Alpha fetoprotein (AFP) for pathological stage grouping (xx,xxx ng/mL):
7. Human chorionic gonadotropin (hCG) for pathological stage grouping (xx,xxx mIU/ml):
8. Lactate dehydrogenase (LDH) for pathological stage grouping (xx,xxx U/L):

8 Histologic Grade (G)

Germ cell tumors are not graded.

This form continues on the next page.

9 Lymphovascular Invasion (LVI)

✓	***Component of LVI Coding***	***Description***
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

10 Anatomy

FIGURE 59.1. Anatomy of the testis.

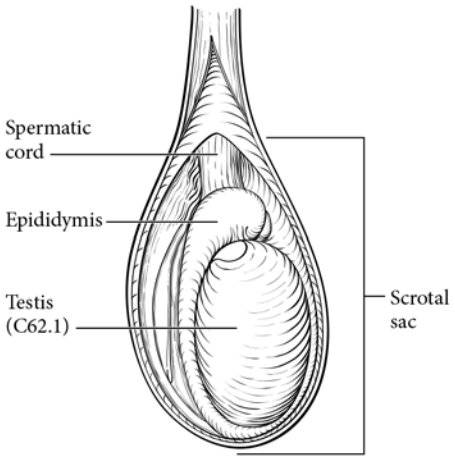
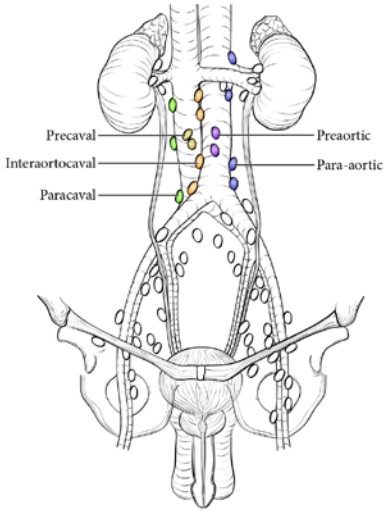


FIGURE 59.2. Regional lymph nodes of the testis.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

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2 Instructions

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The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	T1	Tumor ≤7 cm in greatest dimension, limited to the kidney
	T1a	Tumor ≤4 cm in greatest dimension, limited to the kidney
	T1b	Tumor >4 cm but ≤7 cm in greatest dimension limited to the kidney
	T2	Tumor >7 cm in greatest dimension, limited to the kidney
	T2a	Tumor >7 cm but ≤10 cm in greatest dimension, limited to the kidney
	T2b	Tumor >10 cm, limited to the kidney
	T3	Tumor extends into major veins or perinephric tissues, but not into the ipsilateral adrenal gland and not beyond Gerota's fascia
	T3a	Tumor extends into the renal vein or its segmental branches, or invades the pelvicalyceal system, or invades perirenal and/or renal sinus fat but not beyond Gerota's fascia
	T3b	Tumor extends into the vena cava below the diaphragm
	T3c	Tumor extends into the vena cava above the diaphragm or invades the wall of the vena cava
	T4	Tumor invades beyond Gerota's fascia (including contiguous extension into the ipsilateral adrenal gland)

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis in regional lymph node(s)

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system.
Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	T1	N0	M0	I
	T1	N1	M0	III
	T2	N0	M0	II
	T2	N1	M0	III
	T3	NX, N0	M0	III
	T3	N1	M0	III
	T4	Any N	M0	IV
	Any T	Any N	M1	IV

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Histologic subtype:
2. WHO/ISUP grade:
3. Tumor size:
4. Invasion into perinephric fat or sinus tissues:
5. Venous involvement with specific mention of intra-renal lymphovascular invasion, branches of renal vein in the renal sinus invasion, renal vein involvement, or IVC involvement:
6. Lymphovascular invasion (LVI):
7. Adrenal gland involvement by direct extension (T4) or as a separate nodule (M1):
8. Sarcomatoid features: ☐ absent ☐ present; percentage:
9. Rhabdoid differentiation: ☐ absent ☐ present
10. Histologic tumor necrosis:

7 Histologic Grade (G)

The Fuhrman grading system, published in 1982, has been widely utilized. It is a four-tier system based on nuclear size, nuclear shape, and nucleolar prominence. Despite the widespread usage of Fuhrman grading, serious problems are associated with its implementation, reproducibility, and outcome prediction. As a result, a modified grading system has been proposed to be based on nucleolar prominence for the first three grading categories, while grade 4 is based on the presence of marked nuclear pleomorphism, which may include tumor giant cells or sarcomatoid and/or rhabdoid differentiation. Known as the WHO/ISUP grade, this grading system was validated for clear cell and papillary RCC, but was shown not to be useful for chromophobe RCC and has not been validated in other RCC histologic subtypes.

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Nucleoli absent or inconspicuous and basophilic at 400x magnification
	G2	Nucleoli conspicuous and eosinophilic at 400x magnification, visible but not prominent at 100x magnification
	G3	Nucleoli conspicuous and eosinophilic at 100x magnification
	G4	Marked nuclear pleomorphism and/or multinucleate giant cells and/or rhabdoid and/or sarcomatoid differentiation

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

9 Anatomy

FIGURE 60.1. Anatomic sites and subsites of the kidney.

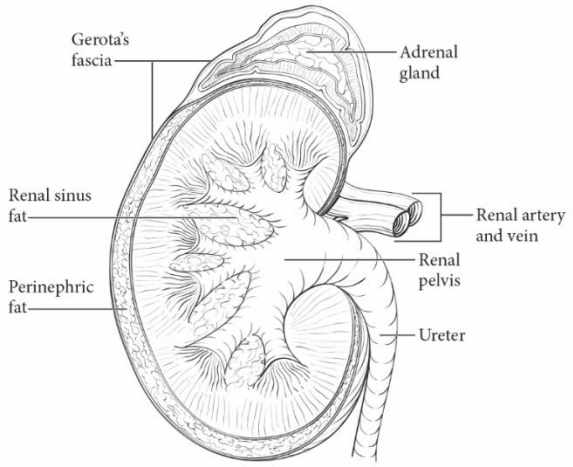


FIGURE 60.2. Regional lymph nodes of the kidney.

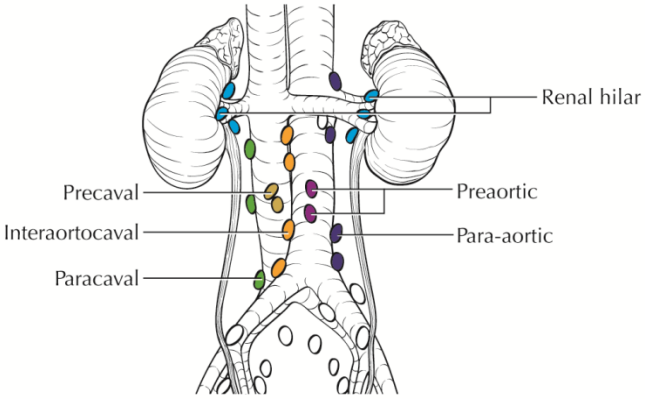
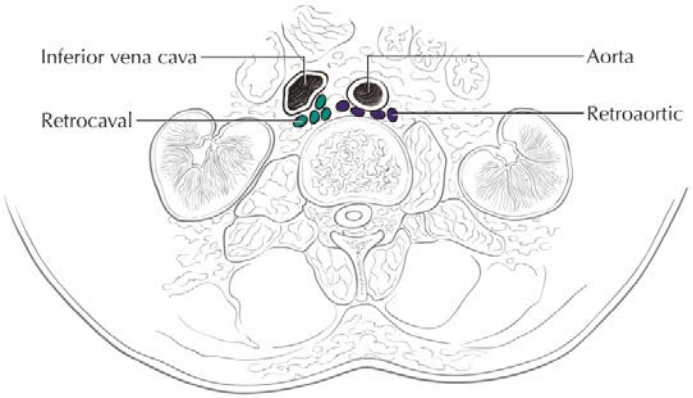


FIGURE 60.3. Regional lymph nodes of the kidney.



Physician Signature	Date/Time

Hospital Name/Address	**Patient Name/Information**

61. Renal Pelvis and Ureter

Urothelial Carcinomas, Squamous Cell Carcinoma and Adenocarcinoma arising in the Renal Pelvis and Ureter have distinct Histologic Grade (G) sections. It is for this reason that there are 2 separate staging forms for this chapter. Please choose the appropriate staging form based on histologic type.

61.1 Renal Pelvis and Ureter: Urothelial Carcinomas

61.2 Renal Pelvis and Ureter: Squamous Cell Carcinoma and Adenocarcinoma

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2 Instructions

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The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	Ta	Papillary noninvasive carcinoma
	Tis	Carcinoma *in situ*
	T1	Tumor invades subepithelial connective tissue
	T2	Tumor invades the muscularis
	T3	For renal pelvis only: Tumor invades beyond muscularis into peripelvic fat or into the renal parenchyma For ureter only: Tumor invades beyond muscularis into periureteric fat
	T4	Tumor invades adjacent organs, or through the kidney into the perinephric fat

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis ≤2 cm in greatest dimension, in a single lymph node
	N2	Metastasis >2 cm, in a single lymph node; or multiple lymph nodes

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system.

Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Ta	N0	M0	0a
	Tis	N0	M0	0is
	T1	N0	M0	I
	T2	N0	M0	II
	T3	N0	M0	III
	T4	NX, N0	M0	IV
	Any T	N1	M0	IV
	Any T	N2	M0	IV
	Any T	Any N	M1	IV

Hospital Name/Address	**Patient Name/Information**

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Presence or absence of extranodal extension:
2. Size of the largest tumor deposit in the lymph nodes:
3. Total number of lymph nodes dissected:
4. Presence of urothelial carcinoma in situ (Tis) with other tumors:
5. Presence of papillary noninvasive carcinoma (Ta) with other tumors:
6. Lymphovascular invasion:
7. World Health Organization/International Society of Urologic Pathology (WHO/ISUP) grade:
8. Grade 1–3 for squamous and adenocarcinoma:
9. Intratubular spread of Tis urothelial carcinoma (involvement of renal collecting tubules without stromal invasion):

7 Histologic Grade (G)

For urothelial histologies, a low- and high-grade designation is used to match the current WHO/ISUP recommended grading system.

✓	*G*	*G Definition (Urothelial Carcinoma)*
	LG	Low grade
	HG	High grade

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 60.1. Anatomic sites and subsites of the kidney.

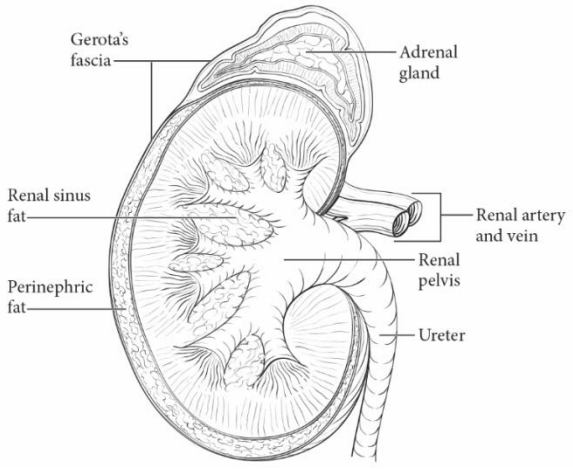


FIGURE 61.1. The regional lymph nodes of the renal pelvis.

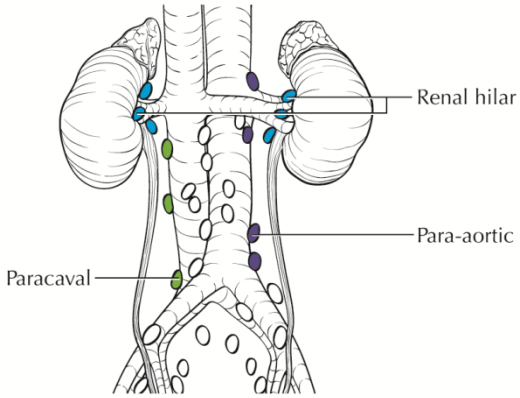
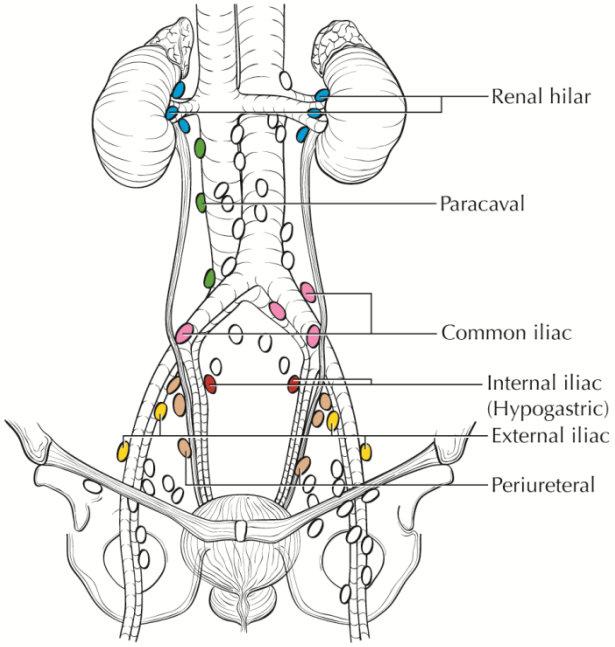


FIGURE 61.2. The regional lymph nodes of the ureter.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

1 Terms of Use

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2 Instructions

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This form may be used by physicians to record data on T, N, and M categories; prognostic stage groups; additional prognostic factors; cancer grade; and other important information. This form may be useful for recording information in the medical record and for communicating information from physicians to the cancer registrar.

The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	Ta	Papillary noninvasive carcinoma
	Tis	Carcinoma *in situ*
	T1	Tumor invades subepithelial connective tissue
	T2	Tumor invades the muscularis
	T3	For renal pelvis only: Tumor invades beyond muscularis into peripelvic fat or into the renal parenchyma For ureter only: Tumor invades beyond muscularis into periureteric fat
	T4	Tumor invades adjacent organs, or through the kidney into the perinephric fat

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis ≤2 cm in greatest dimension, in a single lymph node
	N2	Metastasis >2 cm, in a single lymph node; or multiple lymph nodes

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system.

Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Ta	N0	M0	0a
	Tis	N0	M0	0is
	T1	N0	M0	I
	T2	N0	M0	II
	T3	N0	M0	III
	T4	NX, N0	M0	IV
	Any T	N1	M0	IV
	Any T	N2	M0	IV
	Any T	Any N	M1	IV

Hospital Name/Address	**Patient Name/Information**

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Presence or absence of extranodal extension:
2. Size of the largest tumor deposit in the lymph nodes:
3. Total number of lymph nodes dissected:
4. Presence of urothelial carcinoma in situ (Tis) with other tumors:
5. Presence of papillary noninvasive carcinoma (Ta) with other tumors:
6. Lymphovascular invasion:
7. World Health Organization/International Society of Urologic Pathology (WHO/ISUP) grade:
8. Grade 1–3 for squamous and adenocarcinoma:
9. Intratubular spread of Tis urothelial carcinoma (involvement of renal collecting tubules without stromal invasion):

7 Histologic Grade (G)

For squamous cell carcinoma and adenocarcinoma, the following grading schema is recommended.

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 60.1. Anatomic sites and subsites of the kidney.

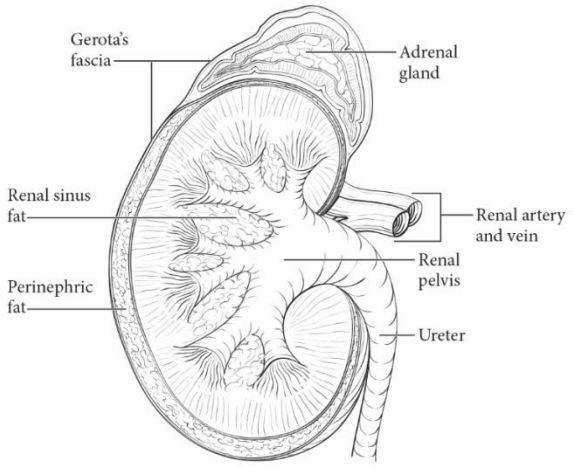


FIGURE 61.1. The regional lymph nodes of the renal pelvis.

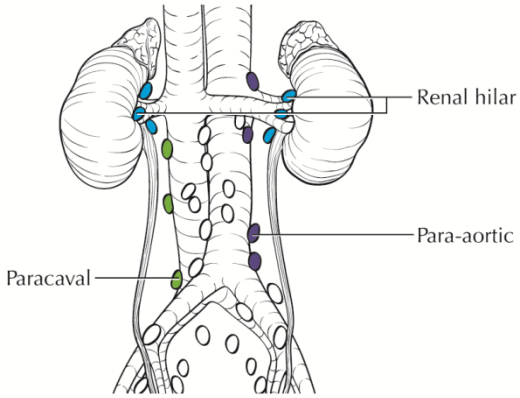
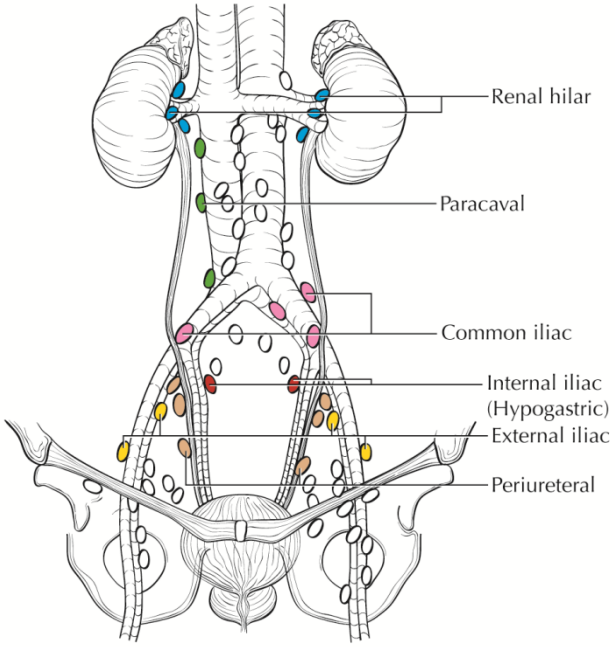


FIGURE 61.2. The regional lymph nodes of the ureter.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

62. Urinary Bladder

Urothelial Carcinomas, Squamous Cell Carcinoma and Adenocarcinoma arising in the Urinary Bladder have distinct Histologic Grade (G) sections. It is for this reason that there are 2 separate staging forms for this chapter. Please choose the appropriate staging form based on histologic type.

62.1 Urinary Bladder: Urothelial Carcinomas

62.2 Urinary Bladder: Squamous Cell Carcinoma and Adenocarcinoma

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2 Instructions

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This form may be used by physicians to record data on T, N, and M categories; prognostic stage groups; additional prognostic factors; cancer grade; and other important information. This form may be useful for recording information in the medical record and for communicating information from physicians to the cancer registrar.

The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	Ta	Non-invasive papillary carcinoma
	Tis	Urothelial carcinoma *in situ*: "flat tumor"
	T1	Tumor invades lamina propria (subepithelial connective tissue)
	T2	Tumor invades muscularis propria
	pT2a	Tumor invades superficial muscularis propria (inner half)
	pT2b	Tumor invades deep muscularis propria (outer half)
	T3	Tumor invades perivesical soft tissue
	pT3a	Tumor invades perivesical soft tissue microscopically
	pT3b	Tumor invades perivesical soft tissue macroscopically (extravesical mass)
	T4	Extravesical tumor directly invades any of the following: prostatic stroma, seminal vesicles, uterus, vagina, pelvic wall, abdominal wall
	T4a	Extravesical tumor invades directly into prostatic stroma, seminal vesicles, uterus, vagina
	T4b	Extravesical tumor invades pelvic wall, abdominal wall

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Lymph nodes cannot be assessed
	N0	No lymph node metastasis
	N1	Single regional lymph node metastasis in the true pelvis (perivesical, obturator, internal and external iliac, or sacral lymph node)
	N2	Multiple regional lymph node metastasis in the true pelvis (perivesical, obturator, internal and external iliac, or sacral lymph node metastasis)
	N3	Lymph node metastasis to the common iliac lymph nodes

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system.
Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	cM1a	Distant metastasis limited to lymph nodes beyond the common iliacs
	cM1b	Non-lymph-node distant metastases
	pM1	Distant metastasis, microscopically confirmed
	pM1a	Distant metastasis limited to lymph nodes beyond the common iliacs, microscopically confirmed
	pM1b	Non-lymph-node distant metastases, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Ta	N0	M0	0a
	Tis	N0	M0	0is
	T1	N0	M0	I
	T2a	N0	M0	II
	T2b	N0	M0	II
	T3a, T3b, T4a	N0	M0	IIIA
	T1 – T4a	N1	M0	IIIA
	T1 – T4a	N2, N3	M0	IIIB
	T4b	Any N	M0	IVA
	Any T	Any N	M1a	IVA
	Any T	Any N	M1b	IVB

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Presence or absence of extranodal extension:
2. Total number of lymph nodes examined pathologically and total number positive:
3. Size of the largest tumor deposit in the lymph nodes:
4. World Health Organization/International Society of Urologic Pathology (WHO/ISUP) grade:
5. Presence of lymphovascular invasion:
6. Concurrent/associated noninvasive papillary (Ta) with carcinoma in situ (Tis):
7. Concurrent/associated noninvasive papillary (Ta) and/or carcinoma in situ (Tis) with invasive cancers:

7 Histologic Grade (G)

For urothelial histologies, a low- and high-grade designation is used to match the current WHO/ISUP recommended grading system.

✓	*G*	*G Definition*
	LG	Low-grade
	HG	High-grade

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 62.1. Extent of primary bladder cancer.

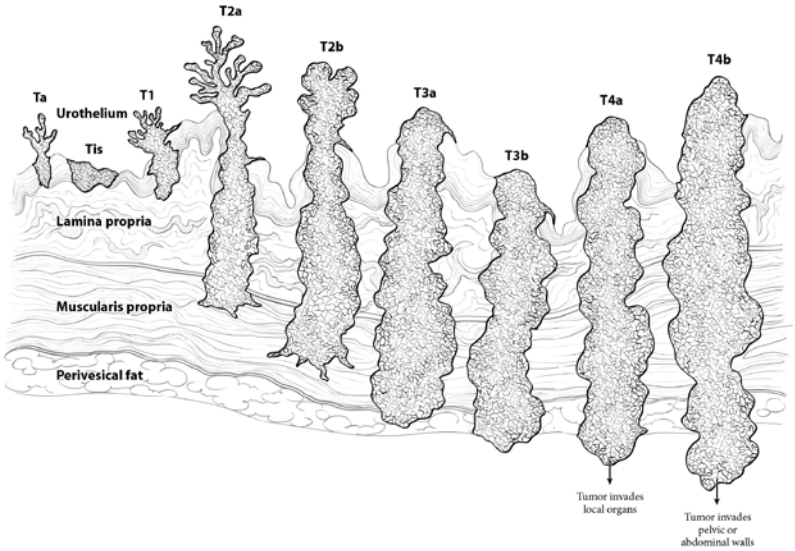
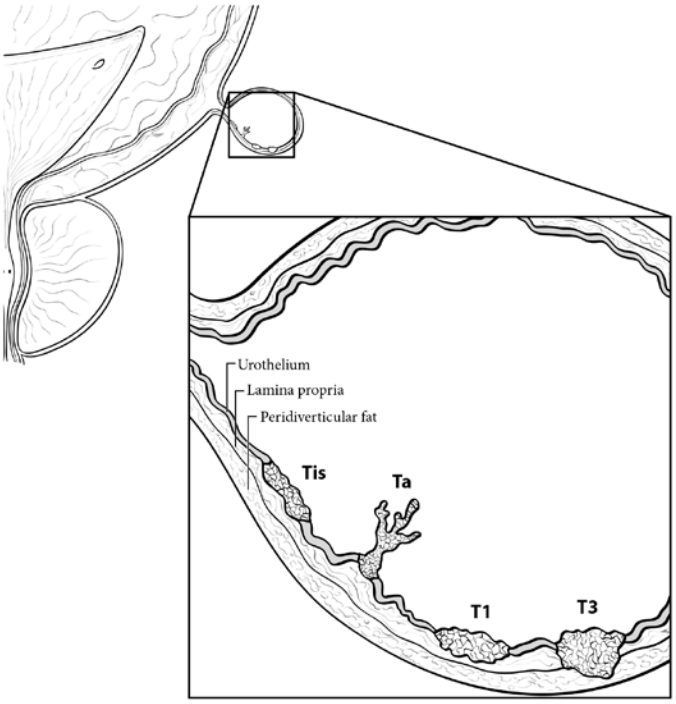


FIGURE 62.2. Extent of Tis, Ta, T1, and T3.



Physician Signature Date/Time

Hospital Name/Address	Patient Name/Information

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	Ta	Non-invasive papillary carcinoma
	Tis	Urothelial carcinoma *in situ*: "flat tumor"
	T1	Tumor invades lamina propria (subepithelial connective tissue)
	T2	Tumor invades muscularis propria
	pT2a	Tumor invades superficial muscularis propria (inner half)
	pT2b	Tumor invades deep muscularis propria (outer half)
	T3	Tumor invades perivesical soft tissue
	pT3a	Tumor invades perivesical soft tissue microscopically
	pT3b	Tumor invades perivesical soft tissue macroscopically (extravesical mass)
	T4	Extravesical tumor directly invades any of the following: prostatic stroma, seminal vesicles, uterus, vagina, pelvic wall, abdominal wall
	T4a	Extravesical tumor invades directly into prostatic stroma, seminal vesicles, uterus, vagina
	T4b	Extravesical tumor invades pelvic wall, abdominal wall

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Lymph nodes cannot be assessed
	N0	No lymph node metastasis
	N1	Single regional lymph node metastasis in the true pelvis (perivesical, obturator, internal and external iliac, or sacral lymph node)
	N2	Multiple regional lymph node metastasis in the true pelvis (perivesical, obturator, internal and external iliac, or sacral lymph node metastasis)
	N3	Lymph node metastasis to the common iliac lymph nodes

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system.
Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	cM1a	Distant metastasis limited to lymph nodes beyond the common iliacs
	cM1b	Non-lymph-node distant metastases
	pM1	Distant metastasis, microscopically confirmed
	pM1a	Distant metastasis limited to lymph nodes beyond the common iliacs, microscopically confirmed
	pM1b	Non-lymph-node distant metastases, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Ta	N0	M0	0a
	Tis	N0	M0	0is
	T1	N0	M0	I
	T2a	N0	M0	II
	T2b	N0	M0	II
	T3a, T3b, T4a	N0	M0	IIIA
	T1 – T4a	N1	M0	IIIA
	T1 – T4a	N2, N3	M0	IIIB
	T4b	Any N	M0	IVA
	Any T	Any N	M1a	IVA
	Any T	Any N	M1b	IVB

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Presence or absence of extranodal extension:
2. Total number of lymph nodes examined pathologically and total number positive:
3. Size of the largest tumor deposit in the lymph nodes:
4. World Health Organization/International Society of Urologic Pathology (WHO/ISUP) grade:
5. Presence of lymphovascular invasion:
6. Concurrent/associated noninvasive papillary (Ta) with carcinoma in situ (Tis):
7. Concurrent/associated noninvasive papillary (Ta) and/or carcinoma in situ (Tis) with invasive cancers:

7 Histologic Grade (G)

For squamous cell carcinoma and adenocarcinoma, the following grading schema is recommended:

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 62.1. Extent of primary bladder cancer.

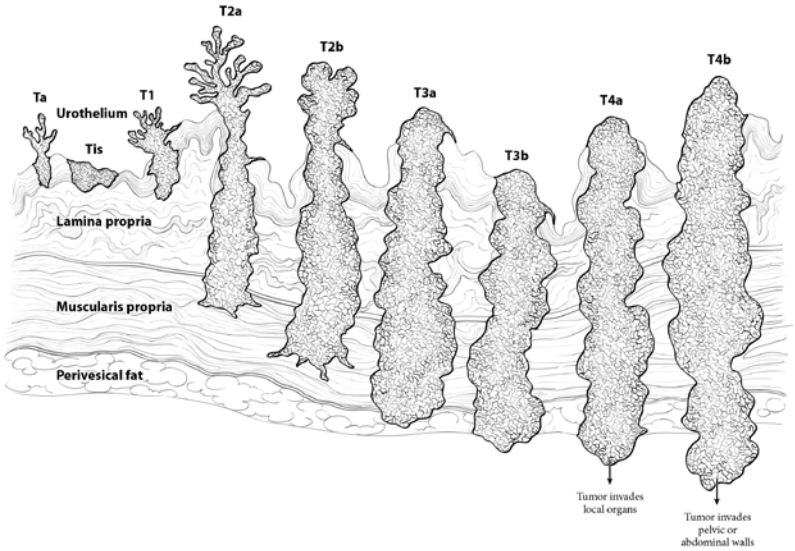
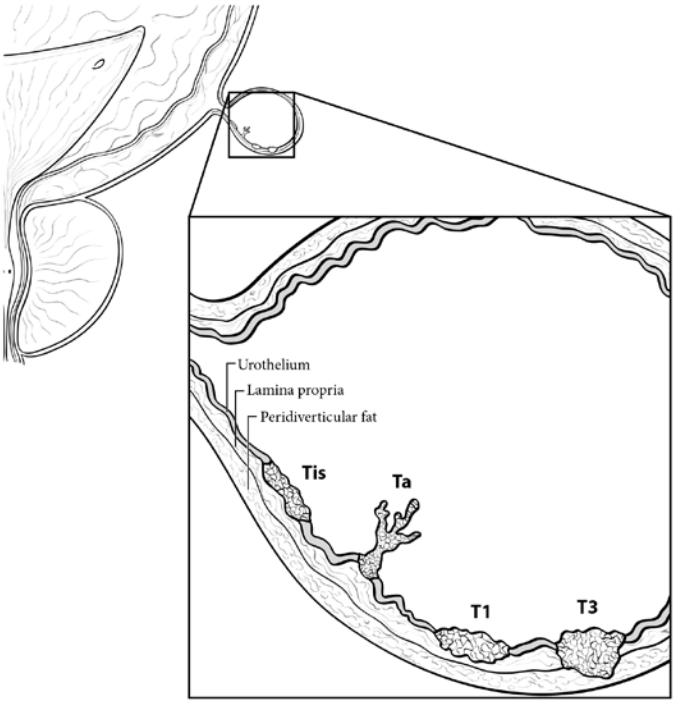


FIGURE 62.2. Extent of Tis, Ta, T1, and T3.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

63. Urethra

Urothelial Carcinomas, Squamous Cell Carcinoma and Adenocarcinoma arising in the Urethra have distinct Histologic Grade (G) sections. Additionally, there are different Definitions of Primary Tumor (T) for Male Penile and Female Urethra, and Prostatic Urethra. It is for this reason that there are 4 separate staging forms for this chapter. Please choose the appropriate staging form based on primary site and histologic type.

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2 Instructions

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This form may be used by physicians to record data on T, N, and M categories; prognostic stage groups; additional prognostic factors; cancer grade; and other important information. This form may be useful for recording information in the medical record and for communicating information from physicians to the cancer registrar.

The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	Ta	Non-invasive papillary carcinoma
	Tis	Carcinoma *in situ*
	T1	Tumor invades subepithelial connective tissue
	T2	Tumor invades any of the following: corpus spongiosum, periurethral muscle
	T3	Tumor invades any of the following: corpus cavernosum, anterior vagina
	T4	Tumor invades other adjacent organs (e.g., invasion of the bladder wall)

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Single regional lymph node metastasis in the inguinal region or true pelvis [perivesical, obturator, internal (hypogastric) and external iliac], or presacral lymph node
	N2	Multiple regional lymph node metastasis in the inguinal region or true pelvis (perivesical, hypogastric, obturator, internal and external iliac, or presacral lymph node)

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system.

Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Tis	N0	M0	0is
	Ta	N0	M0	0a
	T1	N0	M0	I
	T1	N1	M0	III
	T2	N0	M0	II
	T2	N1	M0	III
	T3	N0	M0	III
	T3	N1	M0	III
	T4	N0	M0	IV
	T4	N1	M0	IV
	Any T	N2	M0	IV
	Any T	Any N	M1	IV

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. WHO/ISUP Grade:

2. Grade 1–3 for squamous cell carcinoma and adenocarcinoma:

7 Histologic Grade (G)

Grade is reported by the grade value. For urothelial histology, a low- and high-grade designation is used to match the current WHO/ISUP recommended grading system:

✓	*G*	*G Definition*
	LG	Low grade
	HG	High grade

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 63.3. Female Urethra. Definition of primary tumor (T) for Ta, Tis, T1, and T2 with depth of invasion ranging from the epithelium to the urogenital diaphragm.

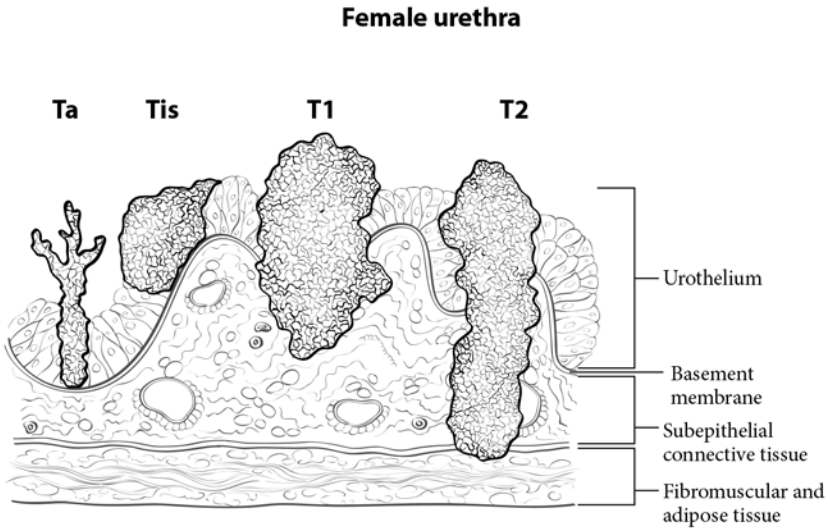
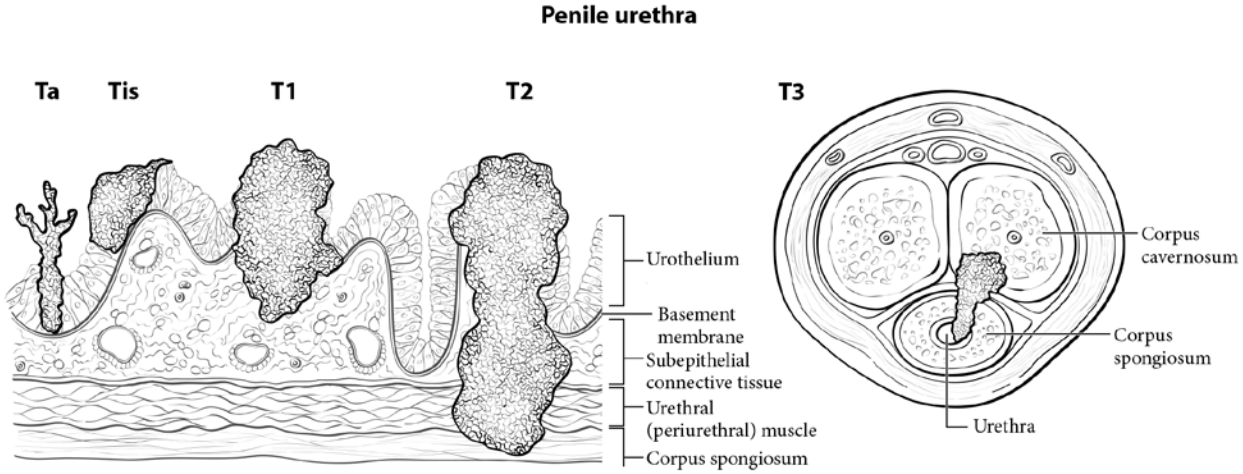


FIGURE 63.2. Penile Urethra. Definition of primary tumor (T) for Ta, Tis, T1, T2, and T3 with depth of invasion ranging from the epithelium to the urogenital diaphragm.



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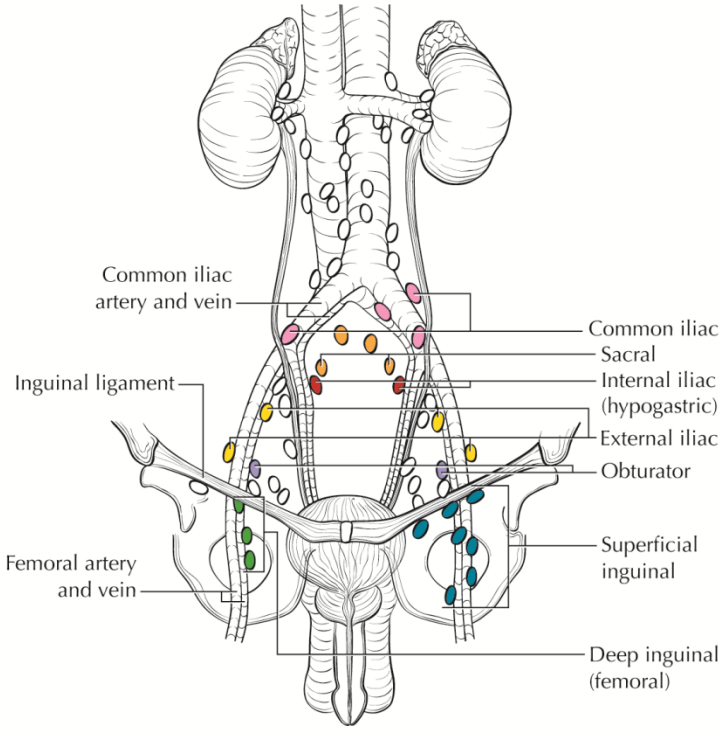
Hospital Name/Address	Patient Name/Information

FIGURE 63.1. Regional lymph nodes of the urethra.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

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The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	Ta	Non-invasive papillary carcinoma
	Tis	Carcinoma *in situ*
	T1	Tumor invades subepithelial connective tissue
	T2	Tumor invades any of the following: corpus spongiosum, periurethral muscle
	T3	Tumor invades any of the following: corpus cavernosum, anterior vagina
	T4	Tumor invades other adjacent organs (e.g., invasion of the bladder wall)

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Single regional lymph node metastasis in the inguinal region or true pelvis [perivesical, obturator, internal (hypogastric) and external iliac], or presacral lymph node
	N2	Multiple regional lymph node metastasis in the inguinal region or true pelvis (perivesical, hypogastric, obturator, internal and external iliac, or presacral lymph node)

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system.

Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Tis	N0	M0	0is
	Ta	N0	M0	0a
	T1	N0	M0	I
	T1	N1	M0	III
	T2	N0	M0	II
	T2	N1	M0	III
	T3	N0	M0	III
	T3	N1	M0	III
	T4	N0	M0	IV
	T4	N1	M0	IV
	Any T	N2	M0	IV
	Any T	Any N	M1	IV

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. WHO/ISUP Grade:
2. Grade 1–3 for squamous cell carcinoma and adenocarcinoma:

7 Histologic Grade (G)

For squamous cell carcinoma and adenocarcinoma, the following grading schema is recommended:

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 63.3. Female Urethra. Definition of primary tumor (T) for Ta, Tis, T1, and T2 with depth of invasion ranging from the epithelium to the urogenital diaphragm.

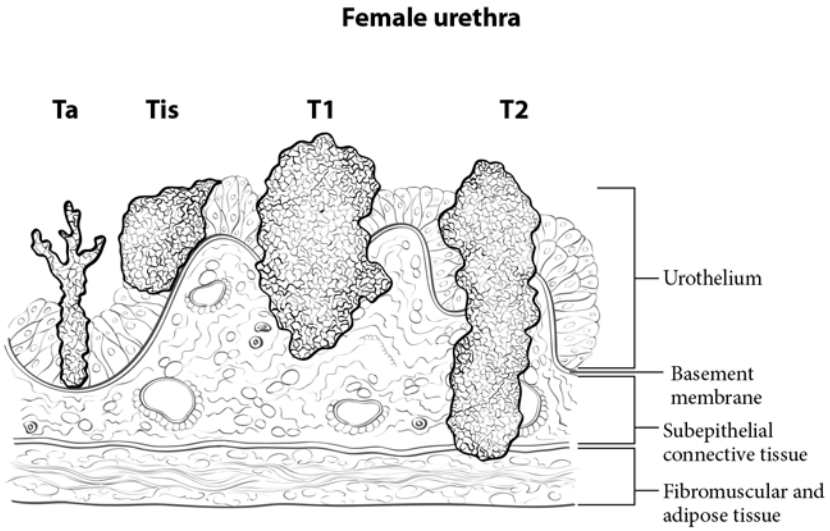
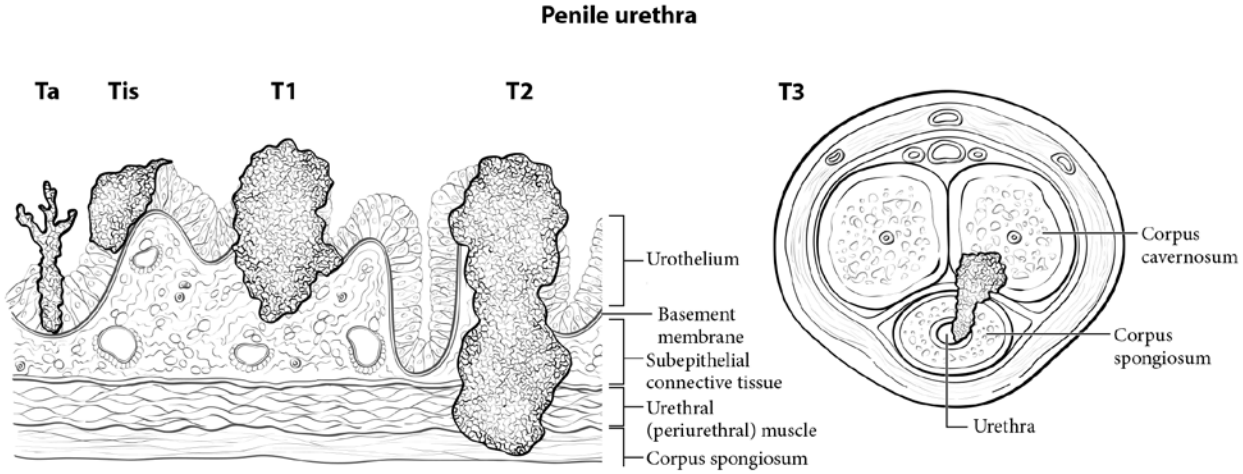


FIGURE 63.2. Penile Urethra. Definition of primary tumor (T) for Ta, Tis, T1, T2, and T3 with depth of invasion ranging from the epithelium to the urogenital diaphragm.



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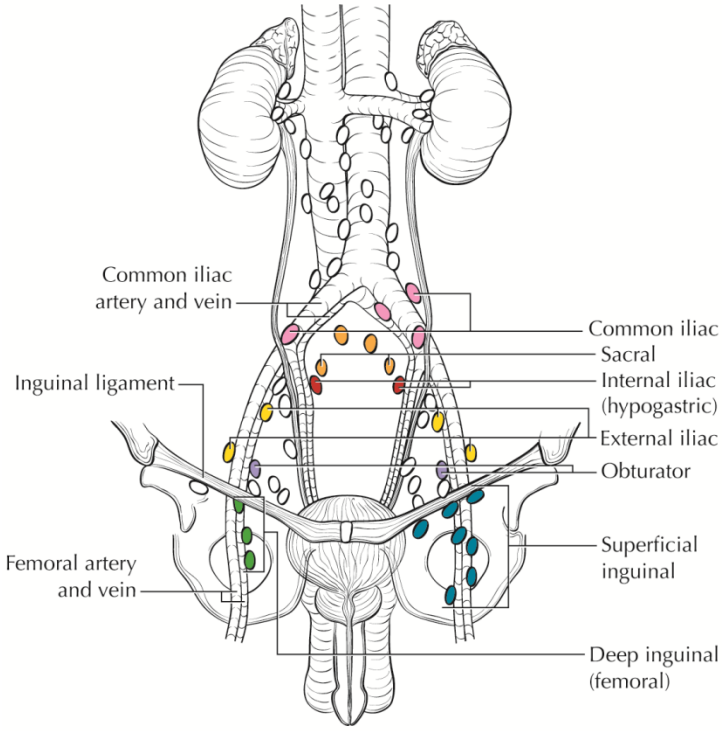
Hospital Name/Address	Patient Name/Information

FIGURE 63.1. Regional lymph nodes of the urethra.



Physician Signature	Date/Time

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	Ta	Non-invasive papillary carcinoma
	Tis	Carcinoma *in situ* involving the prostatic urethra or periurethral or prostatic ducts without stromal invasion
	T1	Tumor invades urethral subepithelial connective tissue immediately underlying the urothelium
	T2	Tumor invades the prostatic stroma surrounding ducts either by direct extension from the urothelial surface or by invasion from prostatic ducts
	T3	Tumor invades the periprostatic fat
	T4	Tumor invades other adjacent organs (e.g., extraprostatic invasion of the bladder wall, rectal wall)

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Single regional lymph node metastasis in the inguinal region or true pelvis [perivesical, obturator, internal (hypogastric) and external iliac], or presacral lymph node
	N2	Multiple regional lymph node metastasis in the inguinal region or true pelvis (perivesical, hypogastric, obturator, internal and external iliac, or presacral lymph node)

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system.

Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Tis	N0	M0	0is
	Ta	N0	M0	0a
	T1	N0	M0	I
	T1	N1	M0	III
	T2	N0	M0	II
	T2	N1	M0	III
	T3	N0	M0	III
	T3	N1	M0	III
	T4	N0	M0	IV
	T4	N1	M0	IV
	Any T	N2	M0	IV
	Any T	Any N	M1	IV

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. WHO/ISUP Grade:
2. Grade 1–3 for squamous cell carcinoma and adenocarcinoma:

7 Histologic Grade (G)

Grade is reported by the grade value. For urothelial histology, a low- and high-grade designation is used to match the current WHO/ISUP recommended grading system:

✓	*G*	*G Definition*
	LG	Low grade
	HG	High grade

8 Lymphovascular Invasion (LVI)

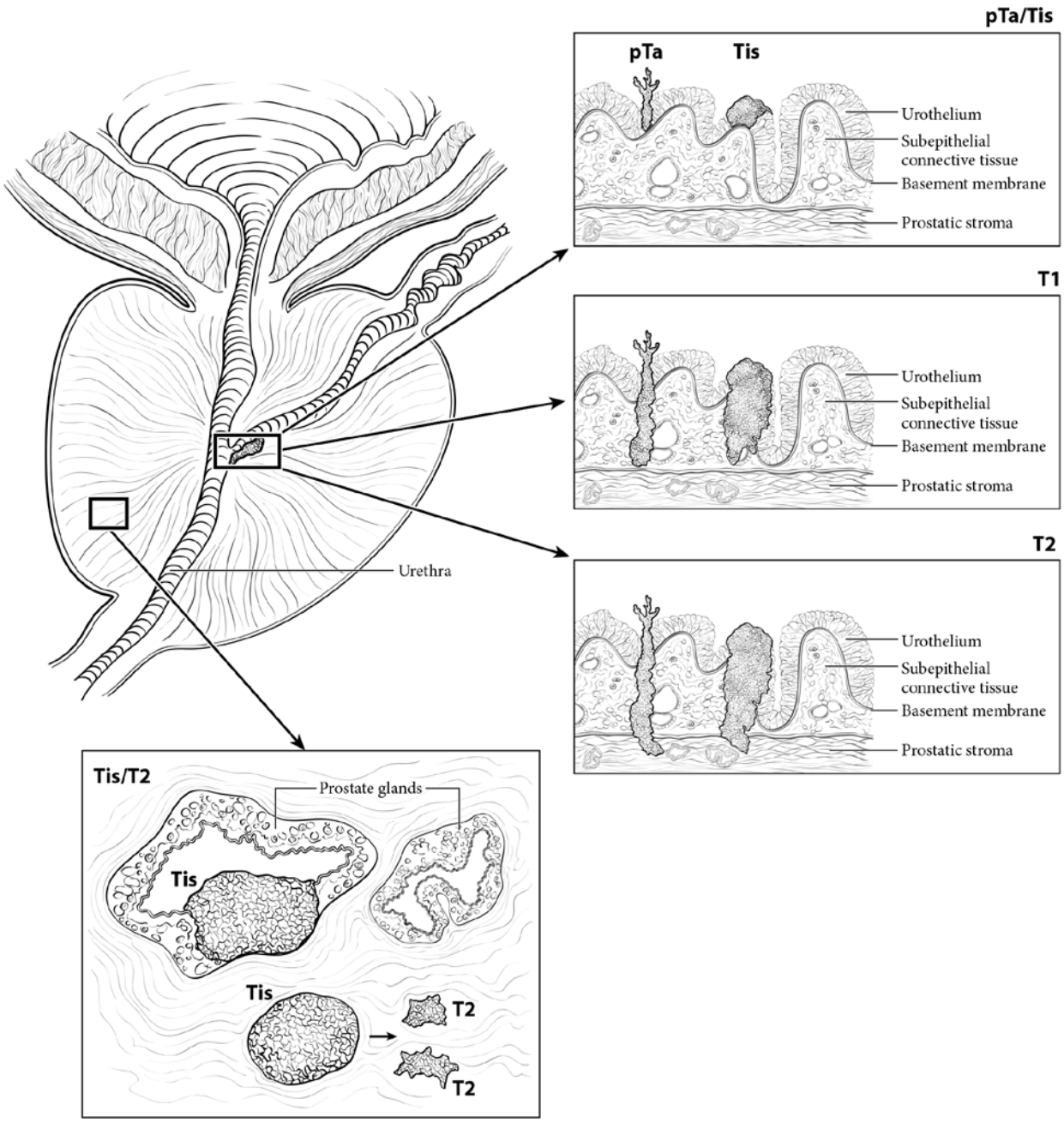
✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

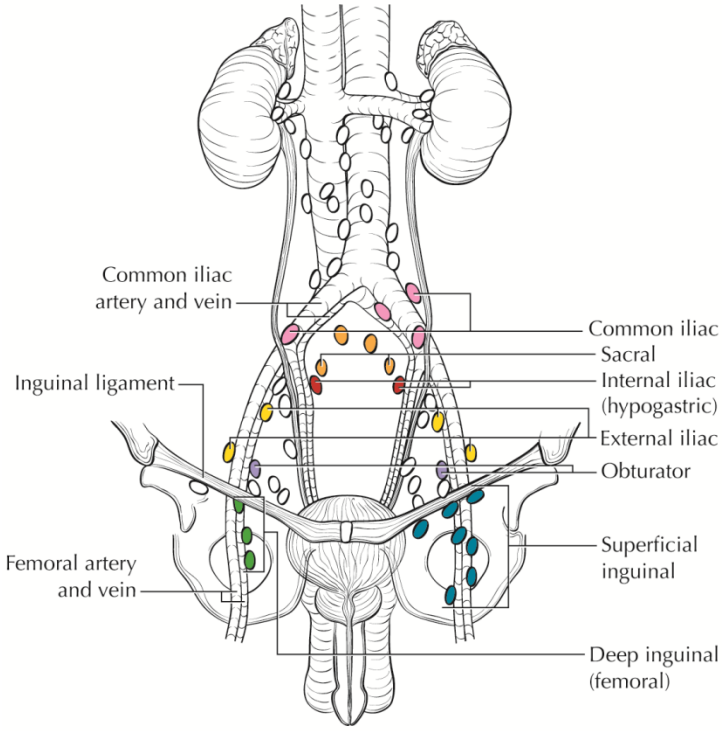
FIGURE 63.5. Definition of primary tumor (T) for urothelial carcinoma of the prostate.



This form continues on the next page.

Hospital Name/Address	Patient Name/Information

FIGURE 63.1. Regional lymph nodes of the urethra.



Physician Signature	Date/Time

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2 Instructions

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	Ta	Non-invasive papillary carcinoma
	Tis	Carcinoma *in situ* involving the prostatic urethra or periurethral or prostatic ducts without stromal invasion
	T1	Tumor invades urethral subepithelial connective tissue immediately underlying the urothelium
	T2	Tumor invades the prostatic stroma surrounding ducts either by direct extension from the urothelial surface or by invasion from prostatic ducts
	T3	Tumor invades the periprostatic fat
	T4	Tumor invades other adjacent organs (e.g., extraprostatic invasion of the bladder wall, rectal wall)

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Single regional lymph node metastasis in the inguinal region or true pelvis [perivesical, obturator, internal (hypogastric) and external iliac], or presacral lymph node
	N2	Multiple regional lymph node metastasis in the inguinal region or true pelvis (perivesical, hypogastric, obturator, internal and external iliac, or presacral lymph node)

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system.

Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Tis	N0	M0	0is
	Ta	N0	M0	0a
	T1	N0	M0	I
	T1	N1	M0	III
	T2	N0	M0	II
	T2	N1	M0	III
	T3	N0	M0	III
	T3	N1	M0	III
	T4	N0	M0	IV
	T4	N1	M0	IV
	Any T	N2	M0	IV
	Any T	Any N	M1	IV

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. WHO/ISUP Grade:
2. Grade 1–3 for squamous cell carcinoma and adenocarcinoma:

7 Histologic Grade (G)

For squamous cell carcinoma and adenocarcinoma, the following grading schema is recommended:

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated

8 Lymphovascular Invasion (LVI)

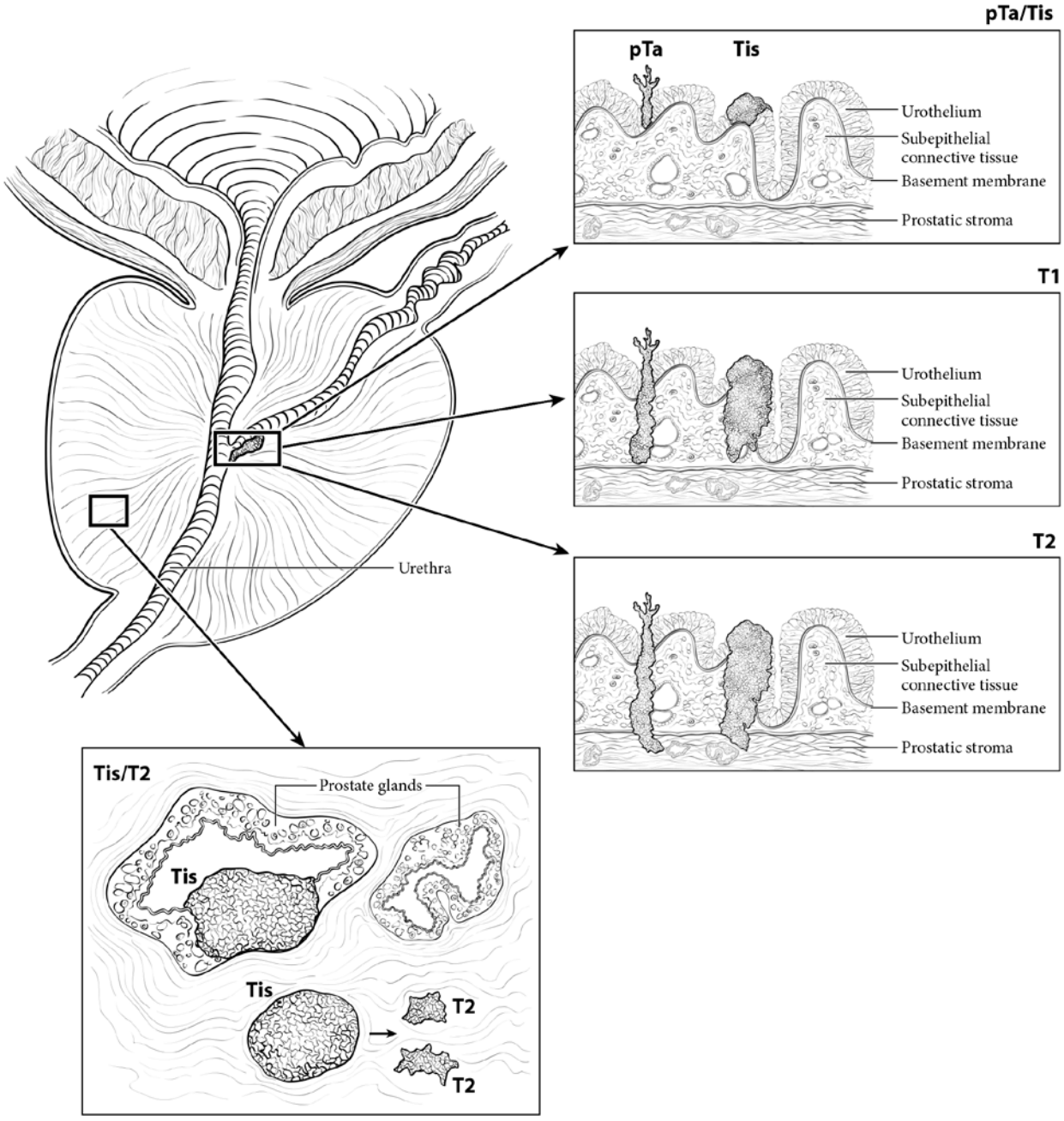
✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 63.5. Definition of primary tumor (T) for urothelial carcinoma of the prostate.



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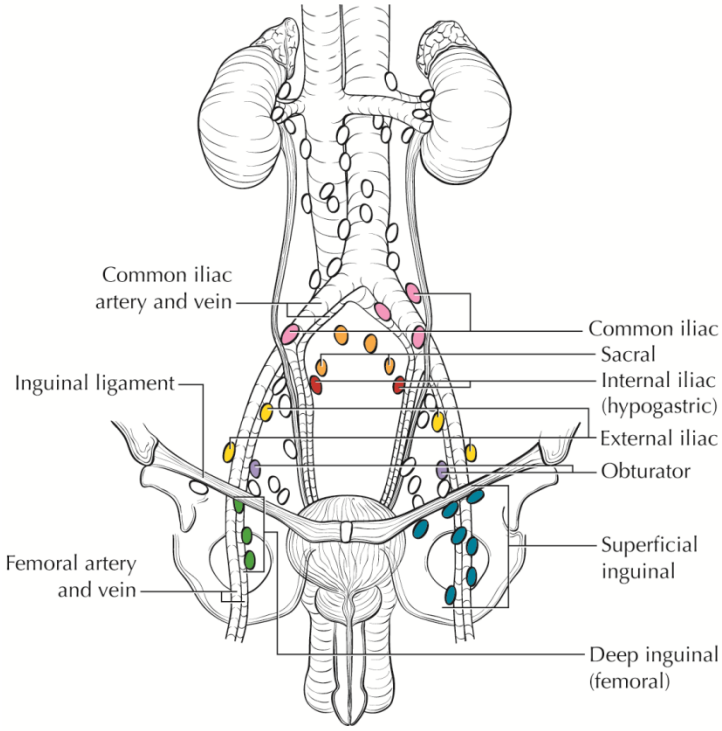
Hospital Name/Address	Patient Name/Information

FIGURE 63.1. Regional lymph nodes of the urethra.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	Tis	Carcinoma *in situ*
	T1	Tumor ≤10 mm in greatest dimension
	T1a	Tumor does not invade the tarsal plate or eyelid margin
	T1b	Tumor invades the tarsal plate or eyelid margin
	T1c	Tumor involves full thickness of the eyelid
	T2	Tumor >10 mm but ≤20 mm in greatest dimension
	T2a	Tumor does not invade the tarsal plate or eyelid margin
	T2b	Tumor invades the tarsal plate or eyelid margin
	T2c	Tumor involves full thickness of the eyelid
	T3	Tumor >20 mm but ≤30 mm in greatest dimension
	T3a	Tumor does not invade the tarsal plate or eyelid margin
	T3b	Tumor invades the tarsal plate or eyelid margin
	T3c	Tumor involves full thickness of the eyelid
	T4	Any eyelid tumor that invades adjacent ocular, orbital, or facial structures
	T4a	Tumor invades ocular or intraorbital structures
	T4b	Tumor invades (or erodes through) the bony walls of the orbit or extends to the paranasal sinuses or invades the lacrimal sac/nasolacrimal duct or brain

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No evidence of lymph node involvement
	N1	Metastasis in a single ipsilateral regional lymph node, ≤3 cm in greatest dimension
	N1a	Metastasis in a single ipsilateral lymph node based on clinical evaluation or imaging findings
	N1b	Metastasis in a single ipsilateral lymph node based on lymph node biopsy
	N2	Metastasis in a single ipsilateral lymph node, >3 cm in greatest dimension, or in bilateral or contralateral lymph nodes
	N2a	Metastasis documented based on clinical evaluation or imaging findings
	N2b	Metastasis documented based on microscopic findings on lymph node biopsy

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system.

Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	Tis	N0	M0	0
	T1	N0	M0	IA
	T2a	N0	M0	IB
	T2b–c, T3	N0	M0	IIA
	T4	N0	M0	IIB
	Any T	N1	M0	IIIA
	Any T	N2	M0	IIIB
	Any T	Any N	M1	IV

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Tumor size (greatest dimension in millimeters):
2. Specific anatomic location (e.g., upper eyelid, lower eyelid, both eyelids, medial canthus, lateral canthus):
3. Tumor thickness (depth of invasion):
4. Presence/absence of perineural invasion:
5. Presence/absence of lymphovascular invasion:
6. Mitotic figures per square millimeter:
7. Microsatellite instability markers for sebaceous carcinoma:
8. Sentinel node biopsy status and number of sentinel nodes (if applicable):
9. History of HIV infection:
10. History of solid organ transplant:
11. History of Muir–Torre syndrome:
12. History of xeroderma pigmentosum:

7 Histologic Grade (G)

A histologic grading system is used predominantly for SCCs and sebaceous carcinomas. It is not used for Merkel cell carcinoma or BCC.

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated
	G4	Undifferentiated

This form continues on the next page.

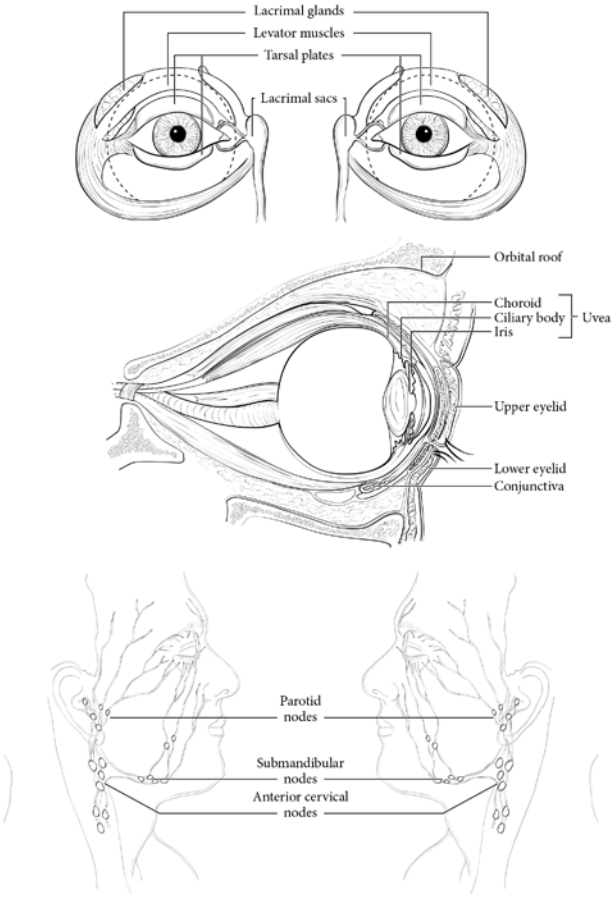
Hospital Name/Address	**Patient Name/Information**

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

9 Anatomy

FIGURE 64.1. Anatomic sites and regional lymph nodes for ophthalmic sites.



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✓	*Classification*	*Definition*
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	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	Tis	Carcinoma *in situ*
	T1	Tumor (≤5 mm in greatest dimension) invades through the conjunctival basement membrane without invasion of adjacent structures
	T2	Tumor (>5 mm in greatest dimension) invades through the conjunctival basement membrane without invasion of adjacent structures
	T3	Tumor invades adjacent structures (excluding the orbit)
	T4	Tumor invades the orbit with or without further extension
	T4a	Tumor invades orbital soft tissues without bone invasion
	T4b	Tumor invades bone
	T4c	Tumor invades adjacent paranasal sinuses
	T4d	Tumor invades brain

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Regional lymph node metastasis

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system.
Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

5 AJCC Prognostic Stage Groups

There is no proposal for anatomic stage and prognostic groups for conjunctival carcinoma. Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Ki-67 growth fraction, reported as percentage of positive tumor cells by immunohistochemistry:

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated
	G3	Poorly differentiated
	G4	Undifferentiated

8 Lymphovascular Invasion (LVI)

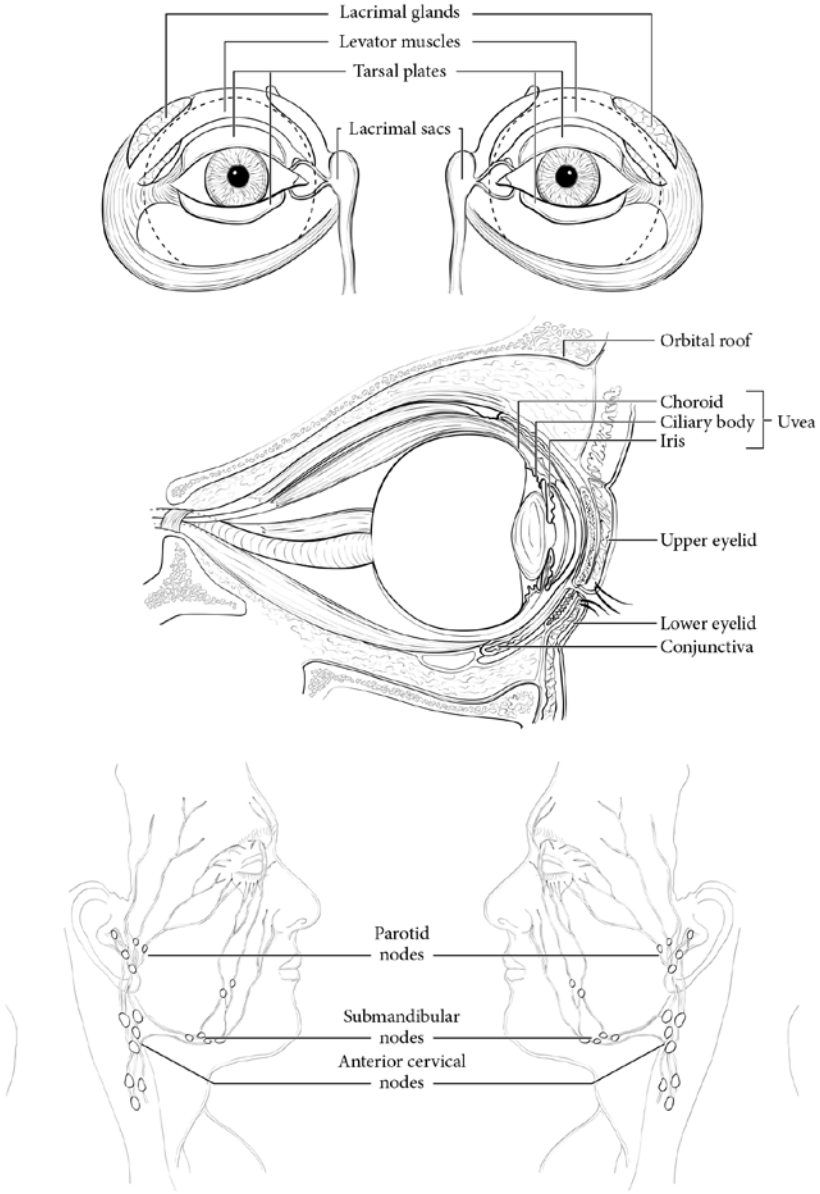
✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 65.1. Anatomic sites and regional lymph nodes for ophthalmic sites.



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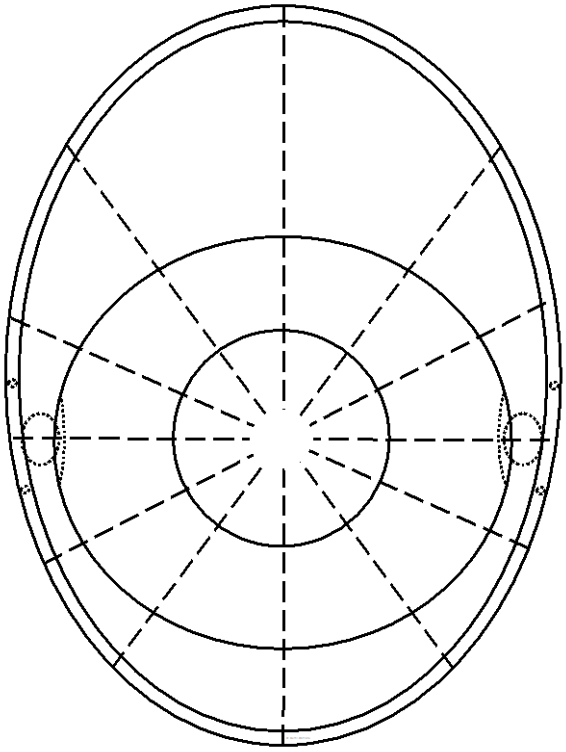
Hospital Name/Address	Patient Name/Information

FIGURE 65.2. Clinical mapping system for conjunctival carcinoma. The map displays the entire conjunctiva as a flat surface, with the central point located at the center of the cornea and concentric regions, such as the limbus, bulbar conjunctiva, fornix, palpebral conjunctiva, and eyelid, considered progressively more peripheral. Radial lines represent clock hours (Modified from Damato and Coupland).



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

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3 Time of Classification (select one):

✓	*Classification*	*Definition*
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	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
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	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

4.1.1 Clinical T (cT)

✓	*cT Category*	*cT Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	T1	Tumor of the bulbar conjunctiva
	T1a	<1 quadrant
	T1b	≥1 to <2 quadrants
	T1c	≥2 to <3 quadrants
	T1d	≥3 quadrants
	T2	Tumor of the nonbulbar (forniceal, palpebral, tarsal) conjunctiva, and tumor involving the caruncle
	T2a	Noncaruncular, and ≤1 quadrant of the nonbulbar conjunctiva involved
	T2b	Noncaruncular, and >1 quadrant of the nonbulbar conjunctiva involved
	T2c	Caruncular, and ≤1 quadrant of the nonbulbar conjunctiva involved
	T2d	Caruncular, and >1 quadrant of the nonbulbar conjunctiva involved
	T3	Tumor of any size with local invasion
	T3a	Globe
	T3b	Eyelid
	T3c	Orbit
	T3d	Nasolacrimal duct and/or lacrimal sac and/or paranasal sinuses
	T4	Tumor of any size with invasion of the central nervous system

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.1.2 Pathological T (pT)

✓	*pT Category*	*pT Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	Tis	Melanoma confined to the conjunctival epithelium
	T1	Tumor of the bulbar conjunctiva
	T1a	Tumor of the bulbar conjunctiva with invasion of the substantia propria, not more than 2.0 mm in thickness
	T1b	Tumor of the bulbar conjunctiva with invasion of the substantia propria, more than 2.0 mm in thickness
	T2	Tumor of the nonbulbar (forniceal, palpebral, tarsal) conjunctiva, and tumor involving the caruncle
	T2a	Tumor of the nonbulbar conjunctiva with invasion of the substantia propria, not more than 2.0 mm in thickness
	T2b	Tumor of the nonbulbar conjunctiva with invasion of the substantia propria, more than 2.0 mm in thickness
	T3	Tumor of any size with local invasion
	T3a	Globe
	T3b	Eyelid
	T3c	Orbit
	T3d	Nasolacrimal duct and/or lacrimal sac and/or paranasal sinuses
	T4	Tumor of any size with invasion of the central nervous system

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Regional lymph node metastasis

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system.
Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

5 AJCC Prognostic Stage Groups

There is no proposal for anatomic stage and prognostic groups for conjunctival melanoma.

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Tumor thickness: infiltration depth (measured in millimeters) into the substantia propria from the surface of the conjunctival epithelium:
2. Cytomorphology – presence/absence of epithelioid cells:
3. Mitotic count – number of mitosis per square millimiter:
4. Presence/absence of surface ulceration:
5. Presence/absence of growth regression:
6. Presence/absence of vessel invasion – blood or lymphatic invasion:
7. Presence/absence of perineural invasion:
8. Status of all surgical margins (i.e., whether tumor extends to the lateral and deep margins):
9. Presence/absence of adjacent conjunctival melanoma in situ, including status within surgical margins:
10. Presence/absence of coexisting nevus:
11. Presence/absence of microsatellites:
12. The presence or absence of microscopic satellites/satellite in-transit metastases, which may be considered for future pathologic staging of pN level, as in the case of cutaneous melanoma*:

*Satellite in-transit metastasis: discrete micronodule/nodule of melanoma <1 mm to several millimeters in diameter in subepithelial tissue close to but clearly separated from the primary melanoma by at least 1 to 2 mm or more of uninvolved connective tissue. Both these types of metastasis usually are angiotropic and may be solitary or often multiple.

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7 Histologic Grade (G)

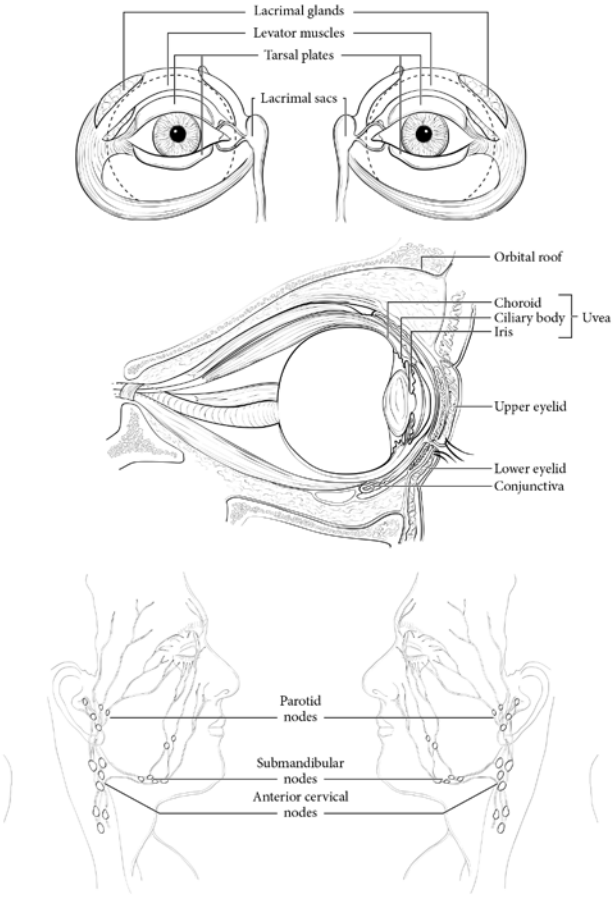
In accordance with melanomas at other anatomic sites, grading is not performed for conjunctival melanoma.

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

9 Anatomy

FIGURE 66.1. Anatomic sites and regional lymph nodes for ophthalmic sites.



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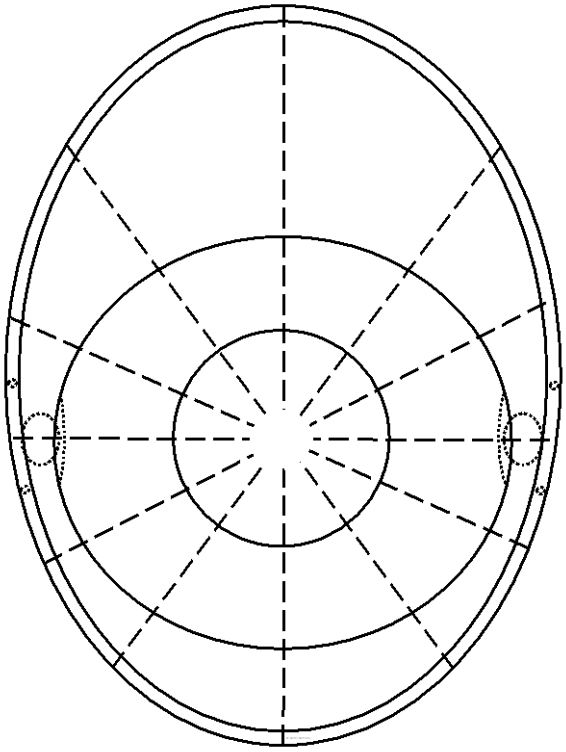
Hospital Name/Address	**Patient Name/Information**

FIGURE 66.2. Clinical mapping system for conjunctival melanoma. The map displays the entire conjunctiva as a flat surface, with the central point located at the center of the cornea and concentric regions such as the limbus, bulbar conjunctiva, fornix, palpebral conjunctiva, and eyelid considered progressively more peripheral. Radial lines represent clock hours (Modified from Damato and Coupland).



Physician Signature	Date/Time

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67. Uveal Melanoma

The Definitions of Primary Tumor (T) differ between Iris Melanomas and Choroidal and Ciliary Body Melanomas. Additionally, there are no AJCC Prognostic Stage Groups for Iris Melanoma at this time. It is for this reason that there are 2 separate staging forms for this chapter. Please choose the appropriate staging form based on primary site.

67.1 Uvea: Iris Melanomas

67.2 Uvea: Choroidal and Ciliary Body Melanomas

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2 Instructions

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	T1	Tumor limited to the iris
	T1a	Tumor limited to the iris, not more than 3 clock hours in size
	T1b	Tumor limited to the iris, more than 3 clock hours in size
	T1c	Tumor limited to the iris with secondary glaucoma
	T2	Tumor confluent with or extending into the ciliary body, choroid, or both
	T2a	Tumor confluent with or extending into the ciliary body, without secondary glaucoma
	T2b	Tumor confluent with or extending into the ciliary body and choroid, without secondary glaucoma
	T2c	Tumor confluent with or extending into the ciliary body, choroid, or both, with secondary glaucoma
	T3	Tumor confluent with or extending into the ciliary body, choroid, or both, with scleral extension
	T4	Tumor with extrascleral extension
	T4a	Tumor with extrascleral extension ≤5 mm in largest diameter
	T4b	Tumor with extrascleral extension >5 mm in largest diameter
Note: Iris melanomas originate from, and are predominantly located in, this region of the uvea. If less than half the tumor volume is located within the iris, the tumor may have originated in the ciliary body, and consideration should be given to classifying it accordingly.		

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node involvement
	N1	Regional lymph node metastases or discrete tumor deposits in the orbit
	N1a	Metastasis in one or more regional lymph node(s)
	N1b	No regional lymph nodes are positive, but there are discrete tumor deposits in the orbit that are not contiguous to the eye. (choroidal and ciliary body melanoma only)

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis by clinical classification
	cM1	Distant metastasis
	cM1a	Largest diameter of the largest metastasis ≤3.0 cm
	cM1b	Largest diameter of the largest metastasis 3.1–8.0 cm
	cM1c	Largest diameter of the largest metastasis ≥8.1 cm
	pM1	Distant metastasis, microscopically confirmed
	pM1a	Largest diameter of the largest metastasis ≤3.0 cm, microscopically confirmed
	pM1b	Largest diameter of the largest metastasis 3.1–8.0 cm, microscopically confirmed
	pM1c	Largest diameter of the largest metastasis ≥8.1 cm, microscopically confirmed

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5 AJCC Prognostic Stage Groups

There are no Prognostic Stage Groups for iris melanomas. Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Tumor site (ICD code lacks specificity): ☐ iris (use this staging form) ☐ ciliary body (use Uveal Melanoma - Choroidal and Ciliary Body Melanoma staging form)
2. Largest basal diameter and thickness of tumor:
3. Ciliary body involvement:
4. Extraocular extension:
5. Histologic type:
6. Chromosome 3 and 8 loss or gain:
7. Gene expression profile:
8. Mitotic count (number of mitoses per 40 HPF, determined by using a 40x objective with a field area of 0.152 mm^2):
9. Extravascular matrix patterns (extracellular closed loops and networks, defined as at least three back-to-back closed loops, is associated with death from metastatic disease):
10. Microvascular density:

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Spindle cell melanoma (>90% spindle cells)
	G2	Mixed cell melanoma (>10% epithelioid cells and <90% spindle cells)
	G3	Epithelioid cell melanoma (>90% epithelioid cells)
Note: Because of the lack of universal agreement regarding which proportion of epithelioid cells classifies a tumor as mixed or epithelioid, some ophthalmic pathologists currently combine grades 2 and 3 (nonspindle, i.e. epithelioid cells detected) and contrast them with grade 1 (spindle, i.e. no epithelioid cells detected).		

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 67.5. Anatomic sites and regional lymph nodes for ophthalmic sites.

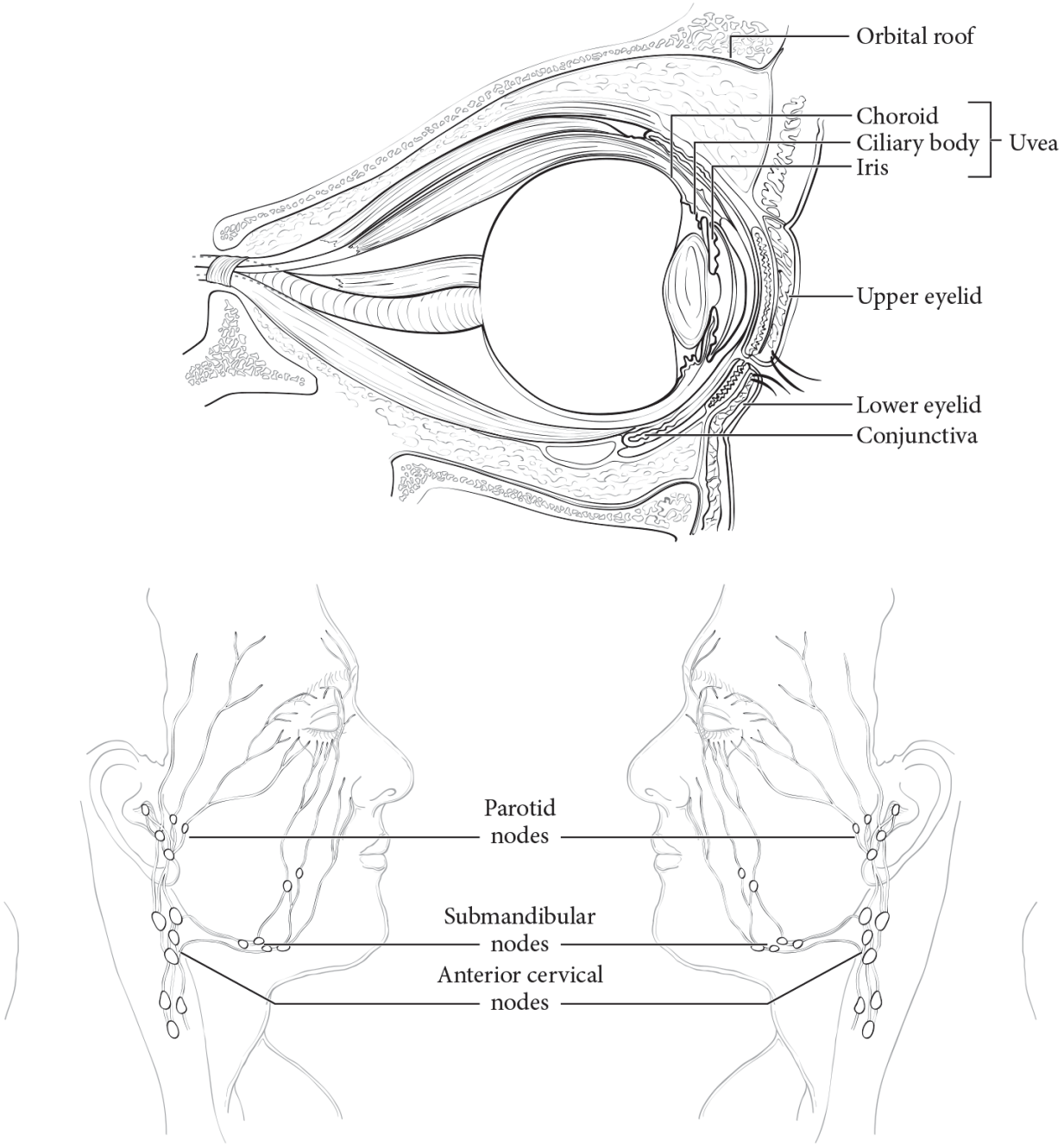

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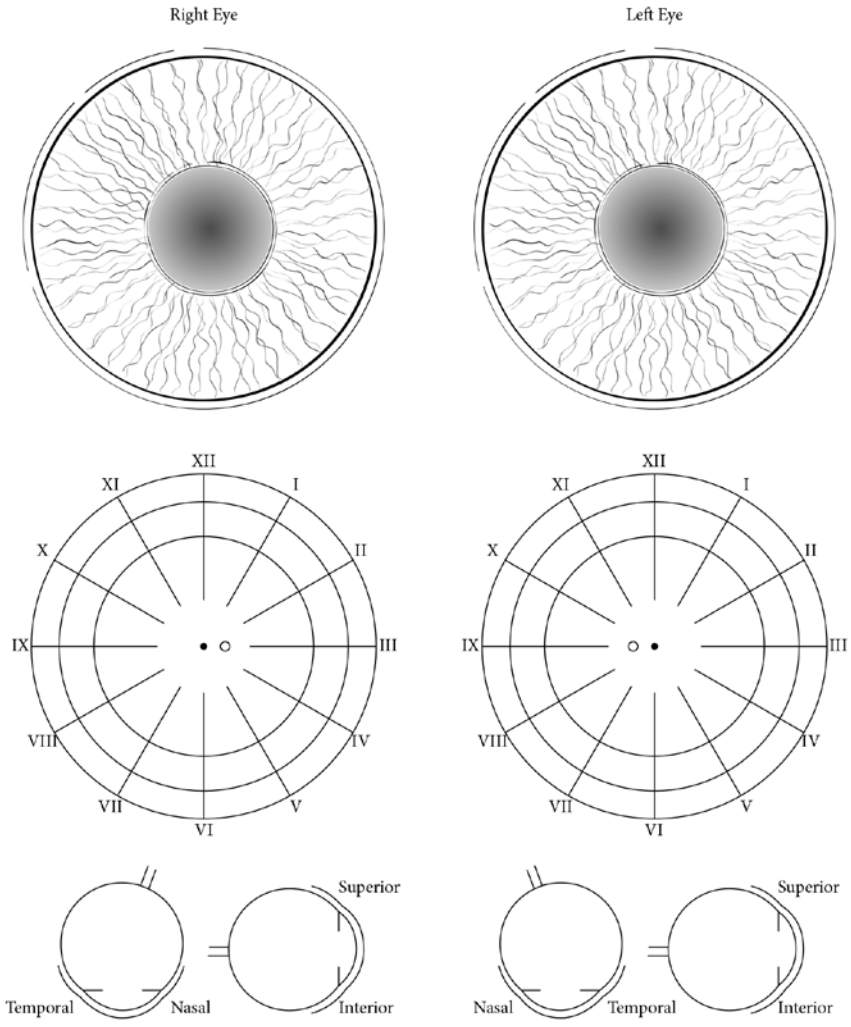
FIGURE 67.4. Uveal melanoma staging diagram.



Physician Signature Date/Time

Hospital Name/Address	Patient Name/Information

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2 Instructions

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The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

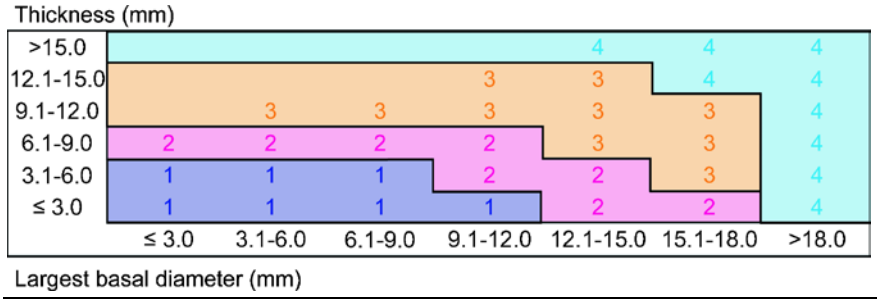
Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

FIGURE 67.1. Classification of ciliary body and choroid uveal melanoma based on thickness and diameter



✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	T1	Tumor size category 1
	T1a	Tumor size category 1 without ciliary body involvement and extraocular extension
	T1b	Tumor size category 1 with ciliary body involvement
	T1c	Tumor size category 1 without ciliary body involvement but with extraocular extension ≤5 mm in largest diameter
	T1d	Tumor size category 1 with ciliary body involvement and extraocular extension ≤5 mm in largest diameter
	T2	Tumor size category 2
	T2a	Tumor size category 2 without ciliary body involvement and extraocular extension
	T2b	Tumor size category 2 with ciliary body involvement
	T2c	Tumor size category 2 without ciliary body involvement but with extraocular extension ≤5 mm in largest diameter
	T2d	Tumor size category 2 with ciliary body involvement and extraocular extension ≤5 mm in largest diameter
	T3	Tumor size category 3
	T3a	Tumor size category 3 without ciliary body involvement and extraocular extension
	T3b	Tumor size category 3 with ciliary body involvement
	T3c	Tumor size category 3 without ciliary body involvement but with extraocular extension ≤5 mm in largest diameter
	T3d	Tumor size category 3 with ciliary body involvement and extraocular extension ≤5 mm in largest diameter
	T4	Tumor size category 4
	T4a	Tumor size category 4 without ciliary body involvement and extraocular extension
	T4b	Tumor size category 4 with ciliary body involvement
	T4c	Tumor size category 4 without ciliary body involvement but with extraocular extension ≤5 mm in largest diameter
	T4d	Tumor size category 4 with ciliary body involvement and extraocular extension ≤5 mm in largest diameter
	T4e	Any tumor size category with extraocular extension >5 mm in largest diameter

Notes:

1. Primary ciliary body and choroidal melanomas are classified according to the four tumor size categories defined in Figure 67.1
2. In clinical practice, the largest tumor basal diameter may be estimated in optic disc diameters (DD; average: 1 DD = 1.5 mm), and tumor thickness may be estimated in diopters (average: 2.5 diopters = 1 mm). Ultrasonography and fundus photography are used to provide more accurate measurements.
3. When histopathologic measurements are recorded after fixation, tumor diameter and thickness may be underestimated because of tissue shrinkage.

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

This form continues on the next page.

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4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node involvement
	N1	Regional lymph node metastases or discrete tumor deposits in the orbit
	N1a	Metastasis in one or more regional lymph node(s)
	N1b	No regional lymph nodes are positive, but there are discrete tumor deposits in the orbit that are not contiguous to the eye. (choroidal and ciliary body melanoma only)

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis by clinical classification
	cM1	Distant metastasis
	cM1a	Largest diameter of the largest metastasis ≤3.0 cm
	cM1b	Largest diameter of the largest metastasis 3.1–8.0 cm
	cM1c	Largest diameter of the largest metastasis ≥8.1 cm
	pM1	Distant metastasis, microscopically confirmed
	pM1a	Largest diameter of the largest metastasis ≤3.0 cm, microscopically confirmed
	pM1b	Largest diameter of the largest metastasis 3.1–8.0 cm, microscopically confirmed
	pM1c	Largest diameter of the largest metastasis ≥8.1 cm, microscopically confirmed

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	T1a	N0	M0	I
	T1b–d	N0	M0	IIA
	T2a	N0	M0	IIA
	T2b	N0	M0	IIB
	T3a	N0	M0	IIB
	T2c–d	N0	M0	IIIA
	T3b–c	N0	M0	IIIA
	T4a	N0	M0	IIIA
	T3d	N0	M0	IIIB
	T4b–c	N0	M0	IIIB
	T4d–e	N0	M0	IIIC
	Any T	N1	M0	IV
	Any T	Any N	M1a–c	IV

This form continues on the next page.

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6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Tumor site (ICD code lacks specificity): ☐ ciliary body (use this staging form) ☐ iris (use Uveal Melanoma – Iris Melanoma staging form)
2. Largest basal diameter and thickness of tumor:
3. Ciliary body involvement:
4. Extraocular extension:
5. Histologic type:
6. Chromosome 3 and 8 loss or gain:
7. Gene expression profile:
8. Mitotic count (number of mitoses per 40 HPF, determined by using a 40x objective with a field area of 0.152 mm^2):
9. Extravascular matrix patterns (extracellular closed loops and networks, defined as at least three back-to-back closed loops, is associated with death from metastatic disease):
10. Microvascular density:

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Spindle cell melanoma (>90% spindle cells)
	G2	Mixed cell melanoma (>10% epithelioid cells and <90% spindle cells)
	G3	Epithelioid cell melanoma (>90% epithelioid cells)

Note: Because of the lack of universal agreement regarding which proportion of epithelioid cells classifies a tumor as mixed or epithelioid, some ophthalmic pathologists currently combine grades 2 and 3 (nonspindle, i.e. epithelioid cells detected) and contrast them with grade 1 (spindle, i.e. no epithelioid cells detected).

8 Lymphovascular Invasion (LVI)

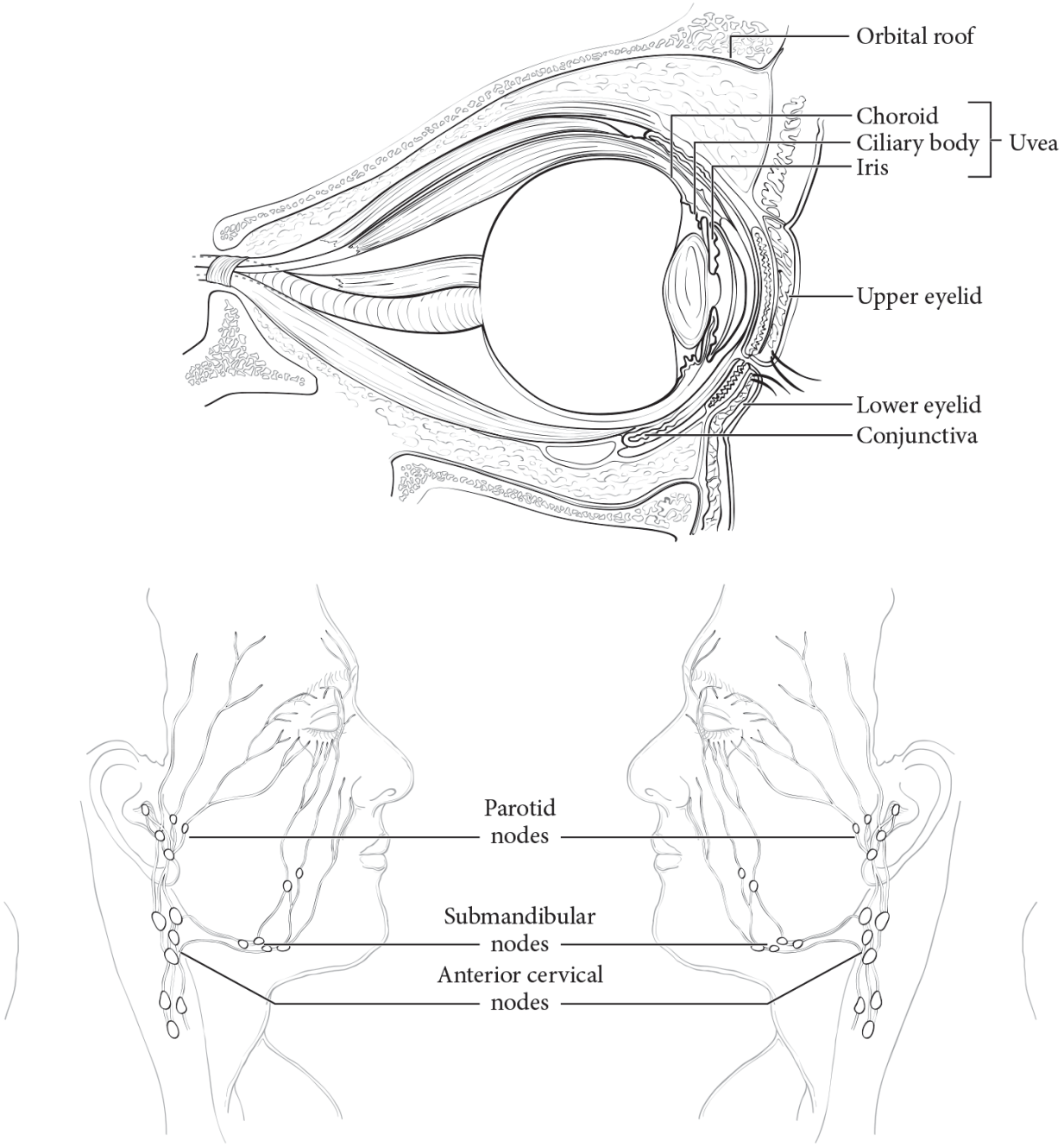
✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 67.5. Anatomic sites and regional lymph nodes for ophthalmic sites.



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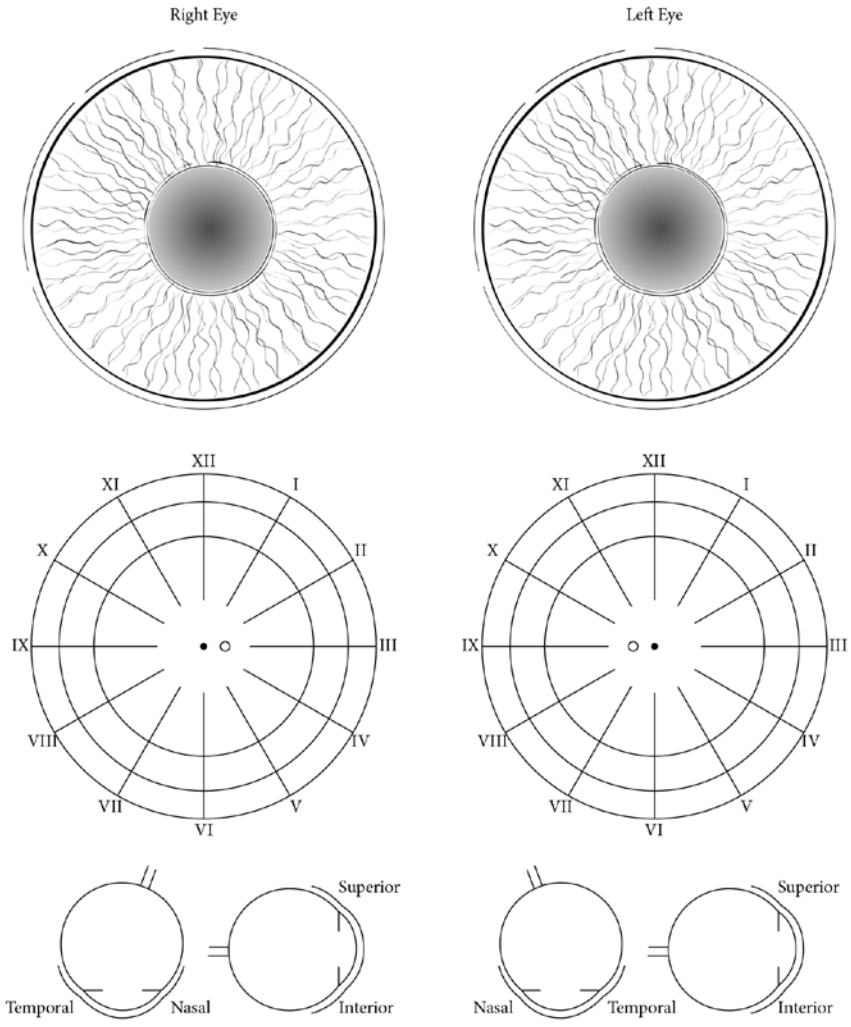
Hospital Name/Address	Patient Name/Information

FIGURE 67.4. Uveal melanoma staging diagram.



Physician Signature Date/Time

Hospital Name/Address	Patient Name/Information

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

4.1.1 Clinical T (cT)

✓	*cT Category*	*cT Criteria*
	cTX	Unknown evidence of intraocular tumor
	cT0	No evidence of intraocular tumor
	cT1	Intraretinal tumor(s) with subretinal fluid ≤5 mm from the base of any tumor
	cT1a	Tumors ≤3 mm and further than 1.5 mm from disc and fovea
	cT1b	Tumors >3 mm or closer than 1.5 mm from disc or fovea
	cT2	Intraocular tumor(s) with retinal detachment, vitreous seeding, or subretinal seeding
	cT2a	Subretinal fluid >5 mm from the base of any tumor
	cT2b	Vitreous seeding and/or subretinal seeding
	cT3	Advanced intraocular tumor(s)
	cT3a	Phthisis or pre-phthisis bulbi
	cT3b	Tumor invasion of choroid, pars plana, ciliary body, lens, zonules, iris, or anterior chamber
	cT3c	Raised intraocular pressure with neovascularization and/or buphthalmos
	cT3d	Hyphema and/or massive vitreous hemorrhage
	cT3e	Aseptic orbital cellulitis
	cT4	Extraocular tumor(s) involving orbit, including optic nerve
	cT4a	Radiologic evidence of retrobulbar optic nerve involvement or thickening of optic nerve or involvement of orbital tissues
	cT4b	Extraocular tumor clinically evident with proptosis and/or an orbital mass

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.1.2 Pathological T (pT)

✓	*pT Category*	*pT Criteria*
	pTX	Unknown evidence of intraocular tumor
	pT0	No evidence of intraocular tumor
	pT1	Intraocular tumor(s) without any local invasion, focal choroidal invasion, or pre- or intralaminar involvement of the optic nerve head
	pT2	Intraocular tumor(s) with local invasion
	pT2a	Concomitant focal choroidal invasion and pre- or intralaminar involvement of the optic nerve head
	pT2b	Tumor invasion of stroma of iris and/or trabecular meshwork and/or Schlemm's canal
	pT3	Intraocular tumor(s) with significant local invasion
	pT3a	Massive choroidal invasion (>3 mm in largest diameter, or multiple foci of focal choroidal involvement totalling >3 mm, or any full-thickness choroidal involvement)
	pT3b	Retrolaminar invasion of the optic nerve head, not involving the transected end of the optic nerve
	pT3c	Any partial-thickness involvement of the sclera within the inner two thirds
	pT3d	Full-thickness invasion into the outer third of the sclera and/or invasion into or around emissary channels
	pT4	Evidence of extraocular tumor: tumor at the transected end of the optic nerve, tumor in the meningeal spaces around the optic nerve, full-thickness invasion of the sclera with invasion of the episclera, adjacent adipose tissue, extraocular muscle, bone, conjunctiva, or eyelids

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4.2 Definition of Regional Lymph Node (N)

4.2.1 Clinical N (cN)

✓	*cN Category*	*cN Criteria*
	cNX	Regional lymph nodes cannot be assessed
	cN0	No regional lymph node involvement
	cN1	Evidence of preauricular, submandibular, and cervical lymph node involvement

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.2.2 Pathological N (pN)

✓	*pN Category*	*pN Criteria*
	pNX	Regional lymph node involvement cannot be assessed
	pN0	No lymph node involvement
	pN1	Regional lymph node involvement

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No signs or symptoms of intracranial or distant metastasis
	cM1	Distant metastasis without microscopic confirmation
	cM1a	Tumor(s) involving any distant site (e.g., bone marrow, liver) on clinical or radiologic tests
	cM1b	Tumor involving the CNS on radiologic imaging (not including trilateral retinoblastoma)
	pM1	Distant metastasis with histopathologic confirmation
	pM1a	Histopathologic confirmation of tumor at any distant site (e.g., bone marrow, liver, or other)
	pM1b	Histopathologic confirmation of tumor in the cerebrospinal fluid or CNS parenchyma

5 Prognostic Factors Required for Stage Grouping

5.1 Definition of Heritable Trait (H)

✓	*H Category*	*H Criteria*
	HX	Unknown or insufficient evidence of a constitutional *RB1* gene mutation.
	H0	Normal *RB1* alleles in blood tested with demonstrated high-sensitivity assays
	H1	Bilateral retinoblastoma, retinoblastoma with an intracranial primitive neuroectodermal tumor (i.e., trilateral retinoblastoma), patient with family history of retinoblastoma, **or** molecular definition of a constitutional *RB1* gene mutation

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

6 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

6.1 Clinical (cTNM)

✓	*When T is…*	*And N is…*	*And M is…*	*And H is…*	*Then the stage group is…*
	cT1, cT2, cT3	cN0	cM0	Any H	I
	cT4a	cN0	cM0	Any H	II
	cT4b	cN0	cM0	Any H	III
	Any T	cN1	cM0	Any H	III
	Any T	Any N	cM1 or pM1	Any H	IV

6.2 Pathological (pTNM)

✓	*When T is…*	*And N is…*	*And M is…*	*And H is…*	*Then the stage group is…*
	pT1, pT2, pT3	pN0	cM0	Any H	I
	pT4	pN0	cM0	Any H	II
	Any T	pN1	cM0	Any H	III
	Any T	Any N	cM1 or pM1	Any H	IV

7 Registry Data Collection Variables

Beyond the factors required to determine stage (T, N, M, and H), the authors have not noted any additional factors for registry data collection.

8 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Tumor with areas of retinoma (fleurettes or neuronal differentiation)
	G2	Tumor with many rosettes (Flexner–Wintersteiner or Homer Wright)
	G3	Tumor with occasional rosettes (Flexner–Wintersteiner or Homer Wright)
	G4	Tumor with poorly differentiated cells without rosettes and/or with extensive areas (more than half of tumor) of anaplasia

9 Lymphovascular Invasion (LVI)

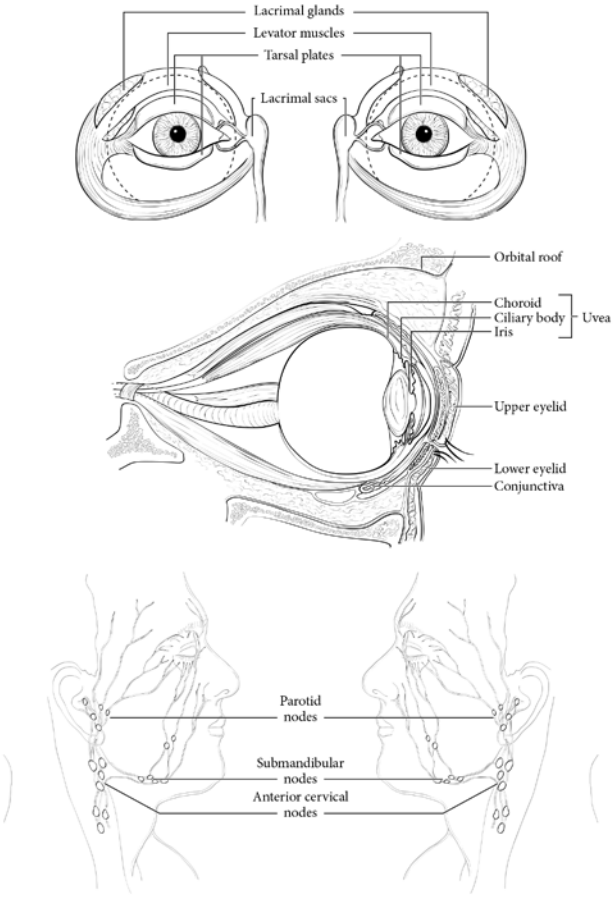
✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

10 Anatomy

FIGURE 68.3. Anatomic sites and regional lymph nodes for ophthalmic sites.



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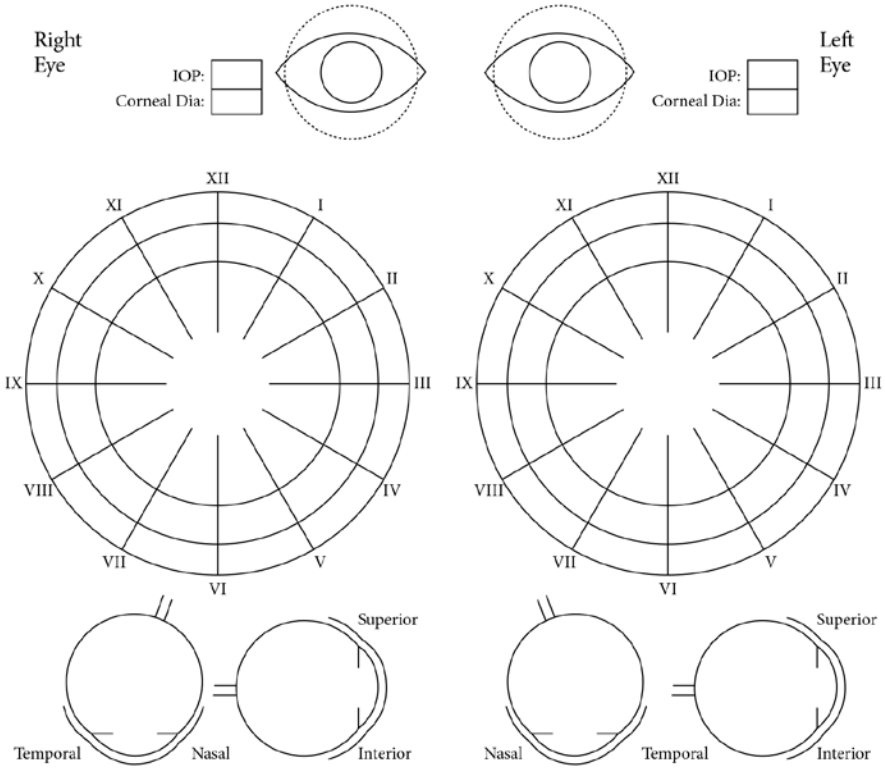
Hospital Name/Address	Patient Name/Information

FIGURE 68.2. Staging diagram.



Clinical Extent:

	cT0	cT1a	cT1b	cT2a	cT2b	cT3a	cT3b	cT3c	cT3d	cT3e	cT4a	cT4b
Right Eye												
Left Eye												

Imaging Extent:

	No Tumor	Intraocular Tumor	Orbital Optic Nerve Involved	Pre-Chiasmatic Optic Nerve	Chiasmatic Involvement	Leptomengial Disease
Right Eye						
Left Eye						

Hereditary Trait:

Pinealoblastoma:		Family History:		Constitutional RB1 Mutation:	
N	Y	N	Y	N	Y

Metastasis:

Systemic:

pM0	cM0	pM1a	cM1a	pM1b	cM1b

Lymph Node:

N0	cN1	pN1

Pathology:

	pTX	pT0	pT1	pT2a	pT2b	pT3a	pT3b	pT3c	pT3d	pT4
Right Eye										
Left Eye										

Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	T1	Tumor ≤2 cm in greatest dimension with or without extraglandular extension into the orbital soft tissue
	T1a	No periosteal or bone involvement
	T1b	Periosteal involvement only
	T1c	Periosteal and bone involvement
	T2	Tumor >2 cm and ≤4 cm in greatest dimension
	T2a	No periosteal or bone involvement
	T2b	Periosteal involvement only
	T2c	Periosteal and bone involvement
	T3	Tumor >4 cm in greatest dimension
	T3a	No periosteal or bone involvement
	T3b	Periosteal involvement only
	T3c	Periosteal and bone involvement
	T4	Involvement of adjacent structures, including sinuses, temporal fossa, pterygoid fossa, superior orbital fissure, cavernous sinus, or brain
	T4a	Tumor ≤2 cm in greatest dimension
	T4b	Tumor >2 cm and ≤4 cm in greatest dimension
	T4c	Tumor >4 cm in greatest dimension

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Regional lymph node metastasis

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

No stage groupings are currently recommended for lacrimal gland carcinomas. Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

6 Registry Data Collection Variables

See chapter for more details on these variables.

6.1 Treatment Related

1. Globe-sparing surgery performed:
2. Exenteration performed:
3. Orbital bone removed:
4. Postoperative radiotherapy:
5. Preoperative chemotherapy (intra-arterial vs. systemic):
6. Postoperative chemotherapy:
7. Concurrent chemoradiation:

6.2 Pathology Related

1. Tumor location (ICD code lacks specificity): ☐ Lacrimal Gland ☐ Lacrimal Sac (not staged using AJCC TNM)
2. Greatest diameter of the tumor:
3. Histopathologic type:
4. Perineural invasion present on pathological examination:
5. Ki-67 growth fraction (percentage of tumor cells positive for Ki-67 on immunohistochemistry):
6. For carcinoma ex pleomorphic adenoma, extent of invasion beyond capsule of pleomorphic adenoma:
7. For adenoid cystic carcinoma, approximate percentage of basaloid pattern present on pathological examination:
8. Tumor grade:
9. Presence of high-grade transformation in any tumor type:
10. Regional lymph node involvement present on any evaluation modality:
11. Presence of distant metastases:
12. Involvement of periosteum only or periosteum and bone:

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

7 Histologic Grade (G)

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Well differentiated
	G2	Moderately differentiated: includes adenoid cystic carcinoma without basaloid (solid) pattern
	G3	Poorly differentiated: includes adenoid cystic carcinoma with basaloid (solid) pattern
	G4	Undifferentiated

8 Lymphovascular Invasion (LVI)

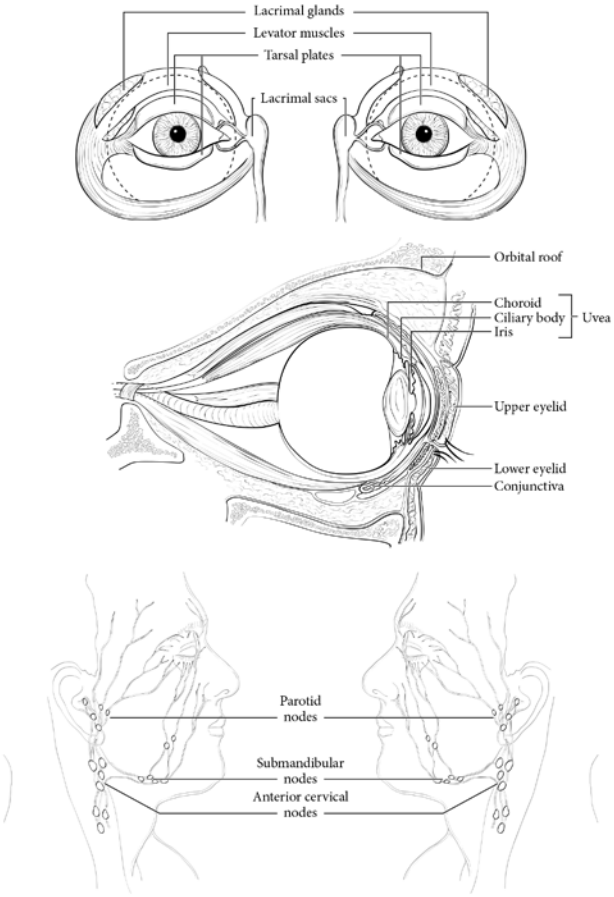
✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 69.1. Anatomic sites and regional lymph nodes for ophthalmic sites.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

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2 Instructions

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	T1	Tumor ≤2 cm in greatest dimension
	T2	Tumor >2 cm in greatest diameter without invasion of bony walls or globe
	T3	Tumor of any size with invasion of bony walls
	T4	Tumor of any size with invasion of globe or periorbital structures, including eyelid, conjunctiva, temporal fossa, nasal cavity, paranasal sinuses, and/or central nervous system

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Regional lymph node metastasis

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

5 AJCC Prognostic Stage Groups

There is no proposal for prognostic stage groupings at this time. Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

6 Registry Data Collection Variables

Beyond T, N, and M, there are no additional variables recommended for collection at this time. See chapter for more details on these variables.

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

7 Histologic Grade (G)

Currently, the preferred system for grading of sarcomas is the one proposed by the French Federation of Cancer Centers Sarcoma Group (FNCLCC), otherwise known as the French grading system.[18] It uses three independent prognostic factors to determine the grade: mitotic activity, necrosis, and degree of differentiation of the primary tumor. Each feature is scored separately, and the three scores are added to obtain the grade. Grade 1 is defined as a total score of 2 or 3, grade 2 as a total score of 4 or 5, and grade 3 as a total score of 6 to 8. To enhance the reproducibility of the system, the parameters are defined as precisely as possible. The main value of the grading is to determine risk of distant metastases and overall survival, rather than local recurrence, which depends more on adequate surgical margins.

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	Total differentiation, mitotic count and necrosis score of 2 or 3
	G2	Total differentiation, mitotic count and necrosis score of 4 or 5
	G3	Total differentiation, mitotic count and necrosis score of 6, 7, or 8

7.1 Mitotic Count

In the most mitotically active area of the sarcoma, 10 successive high-power fields (HPF; one HPF at 400× magnification = 0.1734 mm^2) are assessed using a 40× objective.

✓	*Mitotic Count Score*	*Definition*
	1	0–9 mitoses per 10 HPF
	2	10–19 mitoses per 10 HPF
	3	≥20 mitoses per 10 HPF

7.2 Tumor Necrosis

Tumor necrosis is evaluated on gross examination and validated with histologic sections. Necrosis related to previous surgery or to ulceration is not be taken into account, nor is hemorrhage or hyalinization.

✓	*Necrosis Score*	*Definition*
	0	No necrosis
	1	<50% tumor necrosis
	2	≥50% tumor necrosis

7.3 Tumor Differentiation

Tumor differentiation is histology specific and is a mixture of histologic type and subtype and/or true differentiation.

✓	*Differentiation Score*	*Definition*
	1	Sarcomas closely resembling normal adult mesenchymal tissue (e.g., low-grade leiomyosarcoma)
	2	Sarcomas for which histologic typing is certain (e.g., myxoid/round cell liposarcoma)
	3	Embryonal and undifferentiated sarcomas, sarcomas of doubtful type, synovial sarcomas, soft tissue osteosarcoma, Ewing sarcoma /primitive neuroectodermal tumor (PNET) of soft tissue

8 Lymphovascular Invasion (LVI)

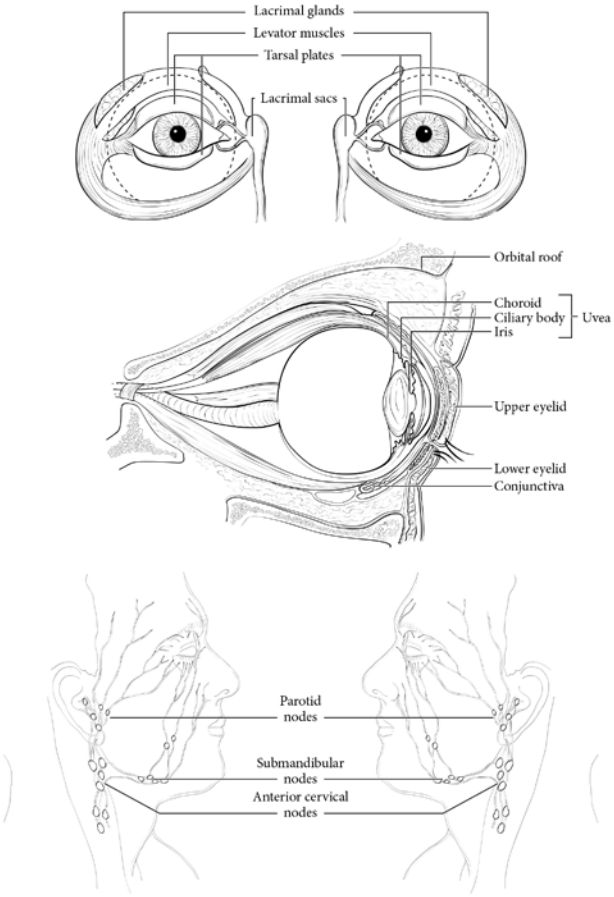
✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 70.1. Anatomic sites and regional lymph nodes for ophthalmic sites.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

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3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
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	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Lymphoma extent not specified
	T0	No evidence of lymphoma
	T1	Lymphoma involving the conjunctiva alone without eyelid or orbital involvement
	T2	Lymphoma with orbital involvement with or without conjunctival involvement
	T3	Lymphoma with preseptal eyelid involvement with or without orbital involvement and with or without conjunctival involvement
	T4	Orbital adnexal lymphoma and extraorbital lymphoma extending beyond the orbit to adjacent structures, such as bone, maxillofacial sinuses, and brain.

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Involvement of lymph nodes not assessed
	N0	No evidence of lymph node involvement
	N1	Involvement of lymph node region or regions draining the ocular adnexal structures and superior to the mediastinum (preauricular, parotid, submandibular, and cervical nodes)
	N1a	Involvement of a single lymph node region, superior to the mediastinum
	N1b	Involvement of two or more lymph node regions, superior to the mediastinum
	N2	Involvement of lymph node regions of the mediastinum
	N3	Diffuse or disseminated involvement of peripheral and central lymph node regions

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No evidence of involvement of other extranodal sites
	cM1	Evidence of involvement of other extranodal sites
	cM1a	Noncontiguous involvement of tissues or organs external to the ocular adnexa (e.g., parotid glands, submandibular gland, lung, liver, spleen, kidney, breast)
	cM1b	Lymphomatous involvement of the bone marrow
	cM1c	Both M1a and M1b involvement
	pM1	Evidence of involvement of other extranodal sites, microscopically confirmed
	pM1a	Noncontiguous involvement of tissues or organs external to the ocular adnexa (e.g., parotid glands, submandibular gland, lung, liver, spleen, kidney, breast)
	pM1b	Lymphomatous involvement of the bone marrow
	pM1c	Both M1a and M1b involvement

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

There is no prognostic stage grouping for ocular adnexal lymphoma. Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. History of rheumatoid arthritis:
2. History of Sjögren's syndrome:
3. History of connective tissue disease:
4. History of recurrent dry eye syndrome (sicca syndrome):
5. History of IgG4 ocular adnexal disease:
6. Any evidence of previous or current infection with hepatitis B, hepatitis C, or HIV:
7. Any evidence of *Helicobacter pylori* infection:
8. Any evidence of an infection caused by *Chlamydia psittaci*:
9. Presence or absence of an A20 deletion:
10. IGH-locus translocation or somatic mutation pattern (EMZL):
11. Concordant/discordant bone marrow involvement (DLBCL):
12. Centroblastic/immunoblastic (DLBCL):

7 Histologic Grade (G)

Grade is assigned only to follicular lymphomas, as described by the 2008 WHO classification[10,18] for malignant lymphomas as follows. For data collection purposes, WHO grade 3a is collected as G3 and WHO grade 3b as G4.

✓	*G*	*G Definition*
	GX	Grade cannot be assessed
	G1	1–5 centroblasts per 10 high-power fields (HPF)
	G2	Between 5 and 15 centroblasts per 10 HPF
	G3	More than 15 centroblasts per 10 HPF but with admixed centrocytes
	G4	More than 15 centroblasts per 10 HPF but without centrocytes

8 Lymphovascular Invasion (LVI)

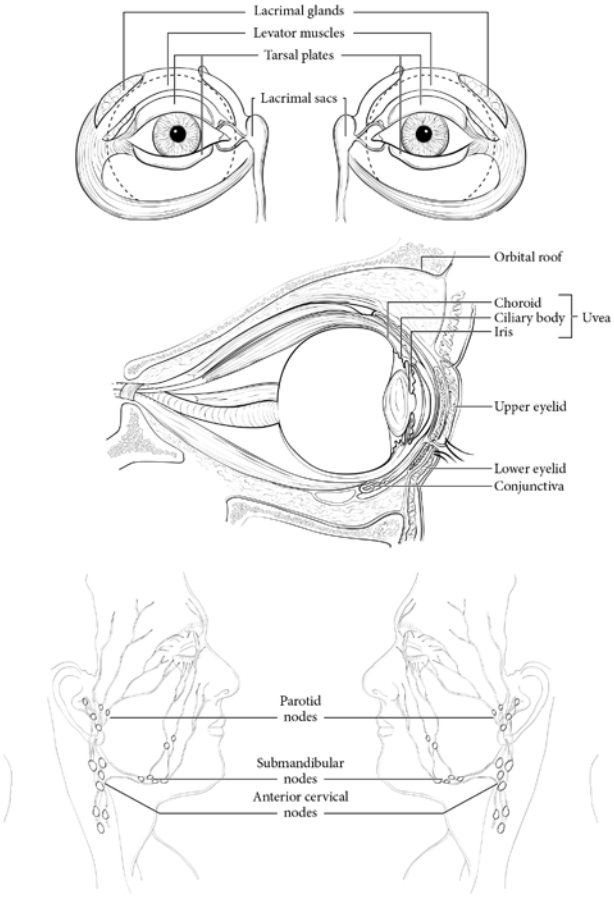
✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 71.1. Anatomic sites and regional lymph nodes for ophthalmic sites.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

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2 Instructions

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This form may be used by physicians to record data on T, N, and M categories; prognostic stage groups; additional prognostic factors; cancer grade; and other important information. This form may be useful for recording information in the medical record and for communicating information from physicians to the cancer registrar.

The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Not applicable to tumors of the central nervous system. Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

5 AJCC Prognostic Stage Groups

Not applicable to tumors of the central nervous system. Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

6 Registry Data Collection Variables

The variables in this section apply to gliomas. See chapter for more details on these variables.

1. IDH mutation:
2. WHO grade classification:
3. Ki-67/MIB1 labeling index (LI): brain
4. Functional neurologic status—e.g., Karnofsky performance scale (KPS):
5. Methylation of MGMT
6. Chromosome 1p: loss of heterozygosity (LOH)
7. Chromosome 19q: LOH
8. Extent of surgical resection
9. Unifocal versus multifocal tumor

7 Histologic Grade (G)

CNS WHO tumor grades are used in histologic grading. This provides uniformity of classification and categorization of CNS tumors (72.2).

G	*G Definition*
I	Circumscribed tumors of low proliferative potential associated with the possibility of cure following resection
II	Infiltrative tumors with low proliferative potential with increased risk of recurrence
III	Tumors with histologic evidence of malignancy, including nuclear atypia and mitotic activity, associated with an aggressive clinical course
IV	Tumors that are cytologically malignant, mitotically active, and associated with rapid clinical progression and potential for dissemination

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

Physician Signature Date/Time

Hospital Name/Address	**Patient Name/Information**

Hospital Name/Address	Patient Name/Information

73. Thyroid: Differentiated and Anaplastic

Differentiated and Anaplastic Thyroid carcinomas each have different Prognostic Factors Required for Staging and different AJCC Prognostic Stage Groups. It is for this reason that there are 2 separate staging forms for this chapter. Please choose the appropriate staging form based on histologic type.

73.1 Thyroid: Differentiated

73.2 Thyroid: Anaplastic

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	T1	Tumor ≤2 cm in greatest dimension limited to the thyroid
	T1a	Tumor ≤1 cm in greatest dimension limited to the thyroid
	T1b	Tumor >1 cm but ≤2 cm in greatest dimension limited to the thyroid
	T2	Tumor >2 cm but ≤4 cm in greatest dimension limited to the thyroid
	T3	Tumor >4 cm limited to the thyroid, or gross extrathyroidal extension invading only strap muscles
	T3a	Tumor >4 cm limited to the thyroid
	T3b	Gross extrathyroidal extension invading only strap muscles (sternohyoid, sternothyroid, thyrohyoid, or omohyoid muscles) from a tumor of any size
	T4	Includes gross extrathyroidal extension beyond the strap muscles
	T4a	Gross extrathyroidal extension invading subcutaneous soft tissues, larynx, trachea, esophagus, or recurrent laryngeal nerve from a tumor of any size
	T4b	Gross extrathyroidal extension invading prevertebral fascia or encasing the carotid artery or mediastinal vessels from a tumor of any size
Note: All categories may be subdivided: (s) solitary tumor and (m) multifocal tumor (the largest tumor determines the classification).		

✓	*T Suffix*	*Definition*
	(s)	Select if solitary tumor.
	(m)	Select if multifocal tumor.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No evidence of locoregional lymph node metastasis
	N0a	One or more cytologically or histologically confirmed benign lymph nodes
	N0b	No radiologic or clinical evidence of locoregional lymph node metastasis
	N1	Metastasis to regional nodes
	N1a	Metastasis to level VI or VII (pretracheal, paratracheal, or prelaryngeal/Delphian, or upper mediastinal) lymph nodes. This can be unilateral or bilateral disease.
	N1b	Metastasis to unilateral, bilateral, or contralateral lateral neck lymph nodes (levels I, II, III, IV, or V) or retropharyngeal lymph nodes

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 Prognostic Factors Required for Stage Grouping

5.1 Definition of Age at Diagnosis

✓	*Age at Diagnosis*
	< 55 years
	≥ 55 years

6 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When age at diagnosis is…*	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	<55 years	Any T	Any N	M0	I
	<55 years	Any T	Any N	M1	II
	≥55 years	T1	N0/NX	M0	I
	≥55 years	T1	N1	M0	II
	≥55 years	T2	N0/NX	M0	I
	≥55 years	T2	N1	M0	II
	≥55 years	T3a/T3b	Any N	M0	II
	≥55 years	T4a	Any N	M0	III
	≥55 years	T4b	Any N	M0	IVA
	≥55 years	Any T	Any N	M1	IVB

7 Registry Data Collection Variables

See chapter for more details on these variables.

1. Histology:
2. Age at diagnosis:
3. Number of involved lymph nodes:
4. Maximum diameter of involved lymph nodes:
5. Size of largest metastatic foci within an involved lymph node:

8 Histologic Grade (G)

There is no formal grading system for thyroid cancers.

9 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

Hospital Name/Address	Patient Name/Information

10 Anatomy

FIGURE 73.1. Anatomy of the thyroid gland.

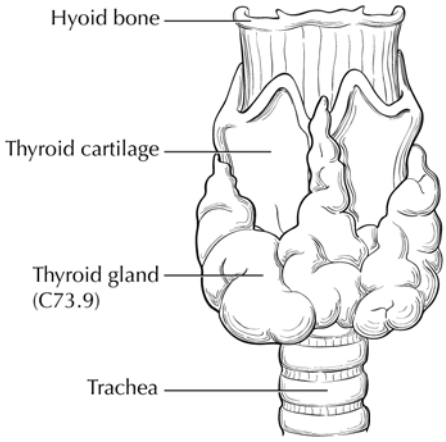
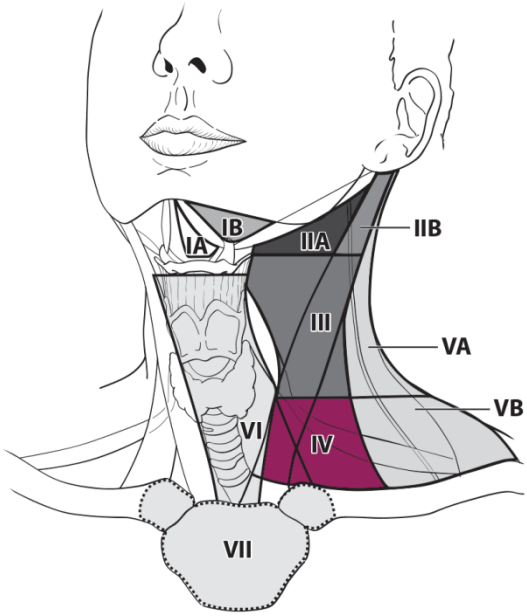


FIGURE 73.2. Location of the lymph node levels in the neck.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

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2 Instructions

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	T1	Tumor ≤2 cm in greatest dimension limited to the thyroid
	T1a	Tumor ≤1 cm in greatest dimension limited to the thyroid
	T1b	Tumor >1 cm but ≤2 cm in greatest dimension limited to the thyroid
	T2	Tumor >2 cm but ≤4 cm in greatest dimension limited to the thyroid
	T3	Tumor >4 cm limited to the thyroid, or gross extrathyroidal extension invading only strap muscles
	T3a	Tumor >4 cm limited to the thyroid
	T3b	Gross extrathyroidal extension invading only strap muscles (sternohyoid, sternothyroid, thyrohyoid, or omohyoid muscles) from a tumor of any size
	T4	Includes gross extrathyroidal extension beyond the strap muscles
	T4a	Gross extrathyroidal extension invading subcutaneous soft tissues, larynx, trachea, esophagus, or recurrent laryngeal nerve from a tumor of any size
	T4b	Gross extrathyroidal extension invading prevertebral fascia or encasing the carotid artery or mediastinal vessels from a tumor of any size
Note: All categories may be subdivided: (s) solitary tumor and (m) multifocal tumor (the largest tumor determines the classification).		

✓	*T Suffix*	*Definition*
	(s)	Select if solitary tumor.
	(m)	Select if multifocal tumor.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No evidence of locoregional lymph node metastasis
	N0a	One or more cytologically or histologically confirmed benign lymph nodes
	N0b	No radiologic or clinical evidence of locoregional lymph node metastasis
	N1	Metastasis to regional nodes
	N1a	Metastasis to level VI or VII (pretracheal, paratracheal, or prelaryngeal/Delphian, or upper mediastinal) lymph nodes. This can be unilateral or bilateral disease.
	N1b	Metastasis to unilateral, bilateral, or contralateral lateral neck lymph nodes (levels I, II, III, IV, or V) or retropharyngeal lymph nodes

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	T1–T3a	N0/NX	M0	IVA
	T1-T3a	N1	M0	IVB
	T3b	Any N	M0	IVB
	T4	Any N	M0	IVB
	Any T	Any N	M1	IVC

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Histology:
2. Age at diagnosis:
3. Number of involved lymph nodes:
4. Maximum diameter of involved lymph nodes:
5. Size of largest metastatic foci within an involved lymph node:

7 Histologic Grade (G)

There is no formal grading system for thyroid cancers.

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

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Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 73.1. Anatomy of the thyroid gland.

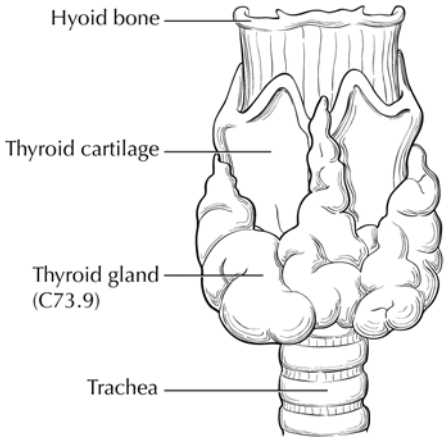
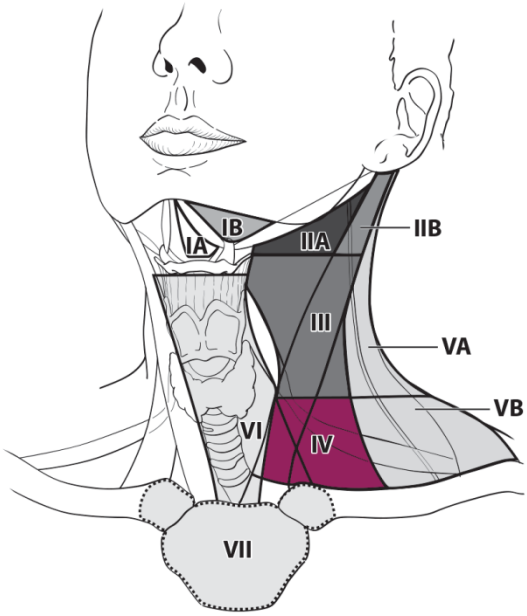


FIGURE 73.2. Location of the lymph node levels in the neck.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

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3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	T1	Tumor ≤2 cm in greatest dimension limited to the thyroid
	T1a	Tumor ≤1 cm in greatest dimension limited to the thyroid
	T1b	Tumor >1 cm but ≤2 cm in greatest dimension limited to the thyroid
	T2	Tumor >2 cm but ≤4 cm in greatest dimension limited to the thyroid
	T3	Tumor >4 cm or with extrathyroidal extension
	T3a	Tumor >4 cm in greatest dimension limited to the thyroid
	T3b	Tumor of any size with gross extrathyroidal extension invading only strap muscles (sternohyoid, sternothyroid, thyrohyoid or omohyoid muscles)
	T4	Advanced disease
	T4a	Moderately advanced disease; tumor of any size with gross extrathyroidal extension into the nearby tissues of the neck, including subcutaneous soft tissue, larynx, trachea, esophagus, or recurrent laryngeal nerve
	T4b	Very advanced disease; tumor of any size with extension toward the spine or into nearby large blood vessels, gross extrathyroidal extension invading the prevertebral fascia, or encasing the carotid artery or mediastinal vessels

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No evidence of locoregional lymph node metastasis
	N0a	One or more cytologically or histologically confirmed benign lymph nodes
	N0b	No radiologic or clinical evidence of locoregional lymph node metastasis
	N1	Metastasis to regional nodes
	N1a	Metastasis to level VI or VII (pretracheal, paratracheal, or prelaryngeal/Delphian, or upper mediastinal) lymph nodes. This can be unilateral or bilateral disease.
	N1b	Metastasis to unilateral, bilateral, or contralateral lateral neck lymph nodes (levels I, II, III, IV, or V) or retropharyngeal lymph nodes

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	T1	N0	M0	I
	T2	N0	M0	II
	T3	N0	M0	II
	T1–3	N1a	M0	III
	T4a	Any N	M0	IVA
	T1–3	N1b	M0	IVA
	T4b	Any N	M0	IVB
	Any T	Any N	M1	IVC

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Age at diagnosis:
2. Gender:
3. Race:
4. Histology:
5. Size of primary tumor:
6. Number of involved lymph nodes:
7. Presence of extranodal extension:
8. Size of the involved lymph nodes:
9. Size of the metastatic focus in the involved lymph nodes:
10. Completeness of resection:
11. Preoperative calcitonin:
12. Preoperative CEA:
13. Genetic mutations, including specific codon information for mutations in the *RET* protooncogene, including the method of measurement, if available. Other mutations to be documented are in the *RAS* (*HRAS, KRAS*, or *NRAS)* group.
14. Whether the patient has medullary thyroid carcinoma that is sporadic or hereditary, if known:

7 Histologic Grade (G)

Grade is not used in the staging for medullary thyroid carcinoma.

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

9 Anatomy

FIGURE 73.1. Anatomy of the thyroid gland.

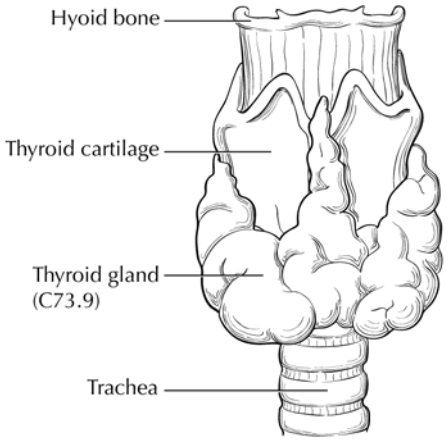
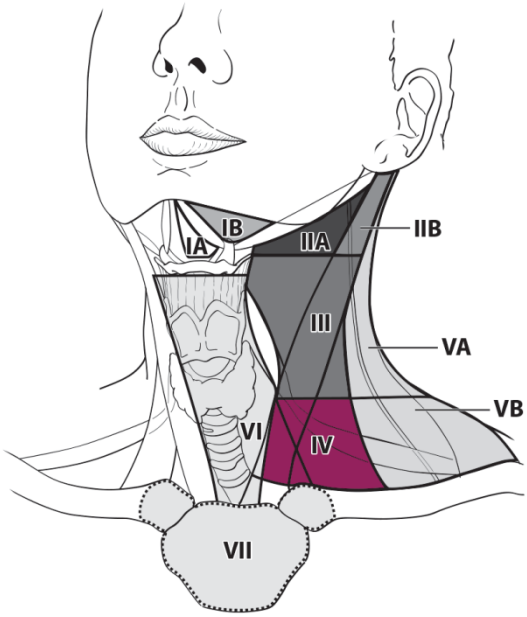


FIGURE 74.2. Location of the lymph node levels in the neck.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

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2 Instructions

See Principles of Cancer Staging (Chapter 1) of the *AJCC Cancer Staging Manual, Eighth Edition* for complete staging rules. Always refer to the respective chapter in the Manual for disease-specific rules for classification, as this form is not representative of all rules, exceptions and instructions for this disease.

This form may be used by physicians to record data on T, N, and M categories; prognostic stage groups; additional prognostic factors; cancer grade; and other important information. This form may be useful for recording information in the medical record and for communicating information from physicians to the cancer registrar.

The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	Tis	Atypical parathyroid neoplasm (neoplasm of uncertain malignant potential)*
	T1	Localized to the parathyroid gland with extension limited to soft tissue
	T2	Direct invasion into the thyroid gland
	T3	Direct invasion into recurrent laryngeal nerve, esophagus, trachea, skeletal muscle, adjacent lymph nodes, or thymus
	T4	Direct invasion into major blood vessel or spine

*Defined as tumors that are histologically or clinically worrisome but do not fulfill the more robust criteria (i.e., invasion, metastasis) for carcinoma. They generally include tumors that have two or more concerning features, such as fibrous bands, mitotic figures, necrosis, trabecular growth, or adherence to surrounding tissues intraoperatively. Atypical parathyroid neoplasms usually have a smaller dimension, weight, and volume than carcinomas and are less likely to have coagulative tumor necrosis.

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Regional lymph node metastasis
	N1a	Metastasis to level VI (pretracheal, paratracheal, and prelaryngeal/Delphian lymph nodes) or superior mediastinal lymph nodes (level VII)
	N1b	Metastasis to unilateral, bilateral, or contralateral cervical (level I, II, III, IV, or V) or retropharyngeal nodes

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

5 AJCC Prognostic Stage Groups

There are not enough data to propose prognostic stage groups for parathyroid carcinoma. Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Age at diagnosis:
2. Gender:
3. Race:
4. Size of primary tumor in millimeters:
5. Location of primary tumor: left or right and superior (upper) or inferior (lower):
6. Invasion into surrounding tissue: ☐ present ☐ absent
7. Distant metastasis:
8. Number of lymph nodes removed (by level):
9. Number of lymph nodes positive (by level):
10. Highest preoperative calcium (number in tenths in milligrams per deciliter [e.g., 11.5 mg/dL]):
11. Highest preoperative PTH (whole number in picograms per milliliter [e.g., 350 pg/mL]):
12. Lymphovascular invasion: ☐ present ☐ absent
13. Grade: ☐ Low Grade ☐ High Grade
14. Weight of primary tumor (in milligrams):
15. Mitotic rate:
16. Time to recurrence (months):

7 Histologic Grade (G)

Cytonuclear grade is defined as low grade or high grade.

✓	*G*	*G Definition*
	LG	Low grade: round monomorphic nuclei with only mild to moderate nuclear size variation, indistinct nucleoli, and chromatin characteristics resembling those of normal parathyroid or of adenoma
	HG	High grade: more pleomorphism, with a nuclear size variation greater than 4:1; prominent nuclear membrane irregularities; chromatin alterations, including hyperchromasia or margination of chromatin; and prominent nucleoli. High-grade tumors show several discrete confluent areas with nuclear changes.

8 Lymphovascular Invasion (LVI)

✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 75.1. Anatomy of the parathyroid gland.

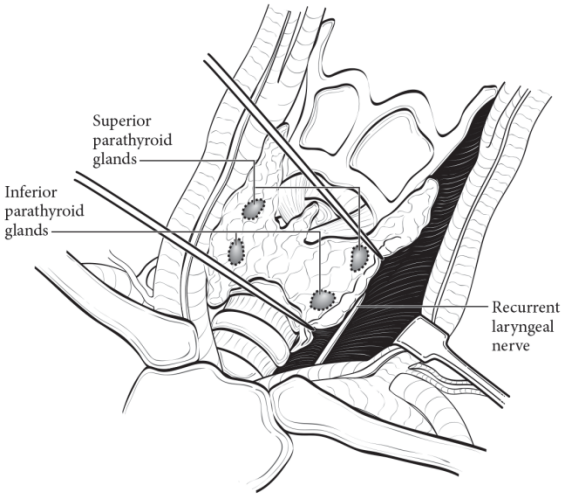
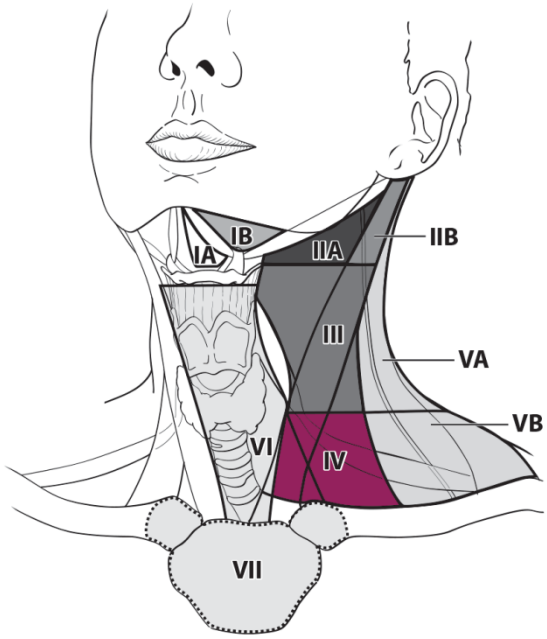


FIGURE 75.2. Lymph node levels in the neck.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. **Criteria:** First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. **Criteria:** First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	T1	Tumor ≤5 cm in greatest dimension, no extra-adrenal invasion
	T2	Tumor >5 cm, no extra-adrenal invasion
	T3	Tumor of any size with local invasion but not invading adjacent organs
	T4	Tumor of any size that invades adjacent organs (kidney, diaphragm, pancreas, spleen, or liver) or large blood vessels (renal vein or vena cava)

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	Metastasis in regional lymph node(s)

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	pM1	Distant metastasis, microscopically confirmed

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	T1	N0	M0	I
	T1	N1	M0	III
	T2	N0	M0	II
	T2	N1	M0	III
	T3	Any N	M0	III
	T4	Any N	M0	III
	Any T	Any N	M1	IV

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Tumor weight in grams:
2. Vascular invasion:
3. Mitotic count:
4. Ki-67 proliferative index:
5. Weiss score:

7 Histologic Grade (G)

✓	*G*	*G Definition*
	LG	Low grade (≤20 mitoses per 50 HPF)
	HG	High grade (>20 mitosis per 50 HPF); *TP53* or *CTNNB* mutation

8 Lymphovascular Invasion (LVI)

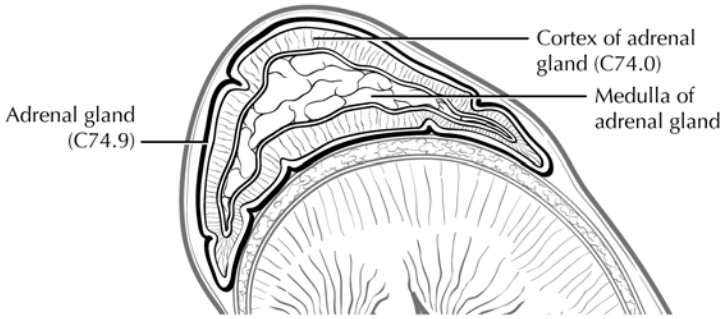
✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 76.1. Anatomy of the adrenal gland.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

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3 Time of Classification (select one):

✓	*Classification*	*Definition*
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	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
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	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	TX	Primary tumor cannot be assessed
	T1	PH <5 cm in greatest dimension, no extra-adrenal invasion
	T2	PH ≥ 5 cm or PG-sympathetic of any size, no extra-adrenal invasion
	T3	Tumor of any size with invasion into surrounding tissues (e.g., liver, pancreas, spleen, kidneys)

PH: within adrenal gland
PG Sympathetic: functional
PG Parasympathetic: nonfunctional, usually in the head and neck region

Note: Parasympathetic Paragaglioma are not staged because they are largely benign.

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No lymph node metastasis
	N1	Regional lymph node metastasis

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No distant metastasis
	cM1	Distant metastasis
	cM1a	Distant metastasis to only bone
	cM1b	Distant metastasis to only distant lymph nodes/liver or lung
	cM1c	Distant metastasis to bone plus multiple other sites
	pM1	Distant metastasis, microscopically confirmed
	pM1a	Distant metastasis to only bone, microscopically confirmed
	pM1b	Distant metastasis to only distant lymph nodes/liver or lung, microscopically confirmed
	pM1c	Distant metastasis to bone plus multiple other sites, microscopically confirmed

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	*When T is…*	*And N is…*	*And M is…*	*Then the stage group is…*
	T1	N0	M0	I
	T2	N0	M0	II
	T1	N1	M0	III
	T2	N1	M0	III
	T3	Any N	M0	III
	Any T	Any N	M1	IV

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Primary tumor size (measured in centimeters):
2. Primary tumor location: PH, PG (specific location: e.g., aortic bifurcation, mediastinum):
3. Regional lymph node metastases:
4. Location of distant metastases:
5. Hormonal function: 24-hour urinary fractionated metanephrines/plasma metanephrines:
6. Chromogranin A:
7. Mitotic count:
8. Germline mutation status:
9. Plasma methoxytyramine:

7 Histologic Grade (G)

There is no recommended histologic grading system at this time.

8 Lymphovascular Invasion (LVI)

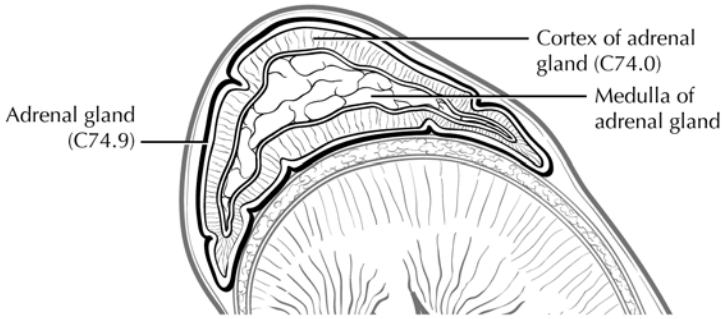
✓	*Component of LVI Coding*	*Description*
	0	LVI not present (absent)/not identified
	1	LVI present/identified, NOS
	2	Lymphatic and small vessel invasion only (L)
	3	Venous (large vessel) invasion only (V)
	4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
	9	Presence of LVI unknown/indeterminate

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

9 Anatomy

FIGURE 76.1. Anatomy of the adrenal gland.



Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

79. Hodgkin and Non-Hodgkin Lymphomas

Non-Hodgkin Lymphomas have different Prognostic Factors Required for Staging depending on histologic type. Additionally, Non-Hodgkin Lymphomas and Hodgkin Lymphomas use different staging classifications. It is for this reason that there are 8 separate staging forms for this chapter. Please choose the appropriate staging form based on histologic type.

1 Terms of Use

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: The use of the term *pathological staging* is reserved for patients who undergo staging laparotomy with an explicit intent to assess the presence of abdominal disease or to define histologic microscopic disease extent in the abdomen. As a result of improved diagnostic imaging, staging laparotomy and pathological staging generally are no longer performed.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

4 Definitions of AJCC TNM

TNM does not apply to this disease. Always refer to the specific chapter for explicit instructions on classification for this disease.

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

5.1 Lugano Classification for Hodgkin and Non-Hodgkin Lymphoma[1]

	Stage	Stage description
✓	***Limited stage***	
	I	Involvement of a single lymphatic site (i.e., nodal region, Waldeyer's ring, thymus, or spleen)
	IE	Single extralymphatic site in the absence of nodal involvement (rare in HL)
	II	Involvement of two or more lymph node regions on the same side of the diaphragm
	IIE	Contiguous extralymphatic extension from a nodal site with or without involvement of other lymph node regions on the same side of the diaphragm
	*II bulky**	*Stage II with disease bulk***
	Advanced stage	
	III	Involvement of lymph node regions on both sides of the diaphragm; nodes above the diaphragm with spleen involvement
	IV	Diffuse or disseminated involvement of one or more extralymphatic organs, with or without associated lymph node involvement or *noncontiguous* extralymphatic organ involvement in conjunction with nodal Stage II disease or *any* extralymphatic organ involvement in nodal Stage III disease Stage IV includes *any* involvement of the CSF, bone marrow, liver, or multiple lung lesions (other than by direct extension in IIE disease).
*Stage II bulky may be considered either early- or advanced-stage disease based on lymphoma histology and prognostic factors (see discussion of HL prognostic factors).		
**The definition of disease bulk varies according to the lymphoma histology. In the Lugano classification,[1] bulk in HL is defined as a mass greater than one third of the thoracic diameter on CT of the chest or a mass >10 cm. For NHL, the recommended definitions of bulk vary by lymphoma histology. In follicular lymphoma, 6 cm has been suggested based on the FLIPI-2 and its validation.[2,3] In DLBCL, cutoffs ranging from 5 to 10 cm have been used, although 10 cm is recommended.[4]		
Note: A/B is no longer used in NHL.		

6 Registry Data Collection Variables

See chapter for more details on these variables.

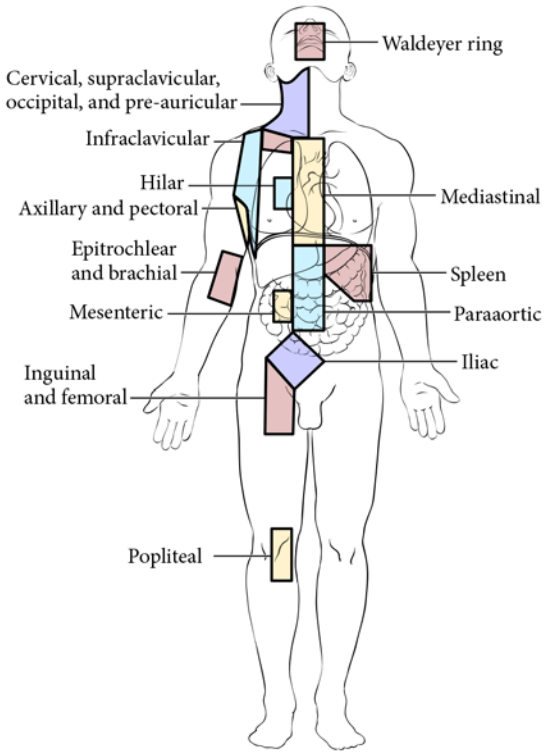
1. Size of the largest mass in millimeters for all stages; essential for Stages I and II:

This form continues on the next page.

Hospital Name/Address	Patient Name/Information

7 Anatomy

FIGURE 79.1. Lymph nodes above and below the diaphragm (Ann Arbor/Lugano classification).



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

Physician Signature	Date/Time

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1. Cheson BD, Fisher RI, Barrington SF, et al. Recommendations for initial evaluation, staging, and response assessment of Hodgkin and non-Hodgkin lymphoma: the Lugano classification. *J Clin Oncol.* 2014;32(27):3059-3068.
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✓	***Classification***	***Definition***
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: The use of the term *pathological staging* is reserved for patients who undergo staging laparotomy with an explicit intent to assess the presence of abdominal disease or to define histologic microscopic disease extent in the abdomen. As a result of improved diagnostic imaging, staging laparotomy and pathological staging generally are no longer performed.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

4 Definitions of AJCC TNM

TNM does not apply to this disease. Always refer to the specific chapter for explicit instructions on classification for this disease.

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

5.1 Lugano Classification for Hodgkin and Non-Hodgkin Lymphoma[1]

	Stage	Stage description
✓	***Limited stage***	
	I	Involvement of a single lymphatic site (i.e., nodal region, Waldeyer's ring, thymus, or spleen)
	IE	Single extralymphatic site in the absence of nodal involvement (rare in HL)
	II	Involvement of two or more lymph node regions on the same side of the diaphragm
	IIE	Contiguous extralymphatic extension from a nodal site with or without involvement of other lymph node regions on the same side of the diaphragm
	*II bulky**	*Stage II with disease bulk***
	Advanced stage	
	III	Involvement of lymph node regions on both sides of the diaphragm; nodes above the diaphragm with spleen involvement
	IV	Diffuse or disseminated involvement of one or more extralymphatic organs, with or without associated lymph node involvement or *noncontiguous* extralymphatic organ involvement in conjunction with nodal Stage II disease or *any* extralymphatic organ involvement in nodal Stage III disease Stage IV includes *any* involvement of the CSF, bone marrow, liver, or multiple lung lesions (other than by direct extension in IIE disease).
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Note: A/B is no longer used in NHL.		

6 Registry Data Collection Variables

See chapter for more details on these variables.

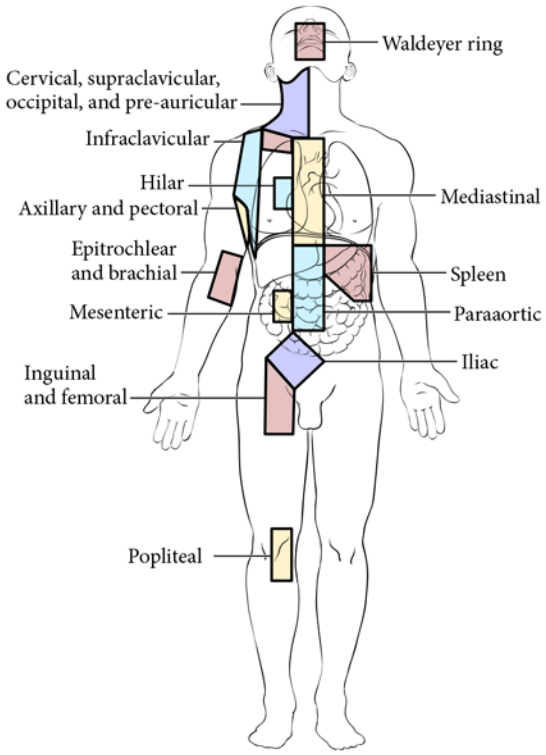
1. Size of the largest mass in millimeters for all stages; essential for Stages I and II:
2. NCCN IPI points (0–8):
3. IHC-determined COO:

This form continues on the next page.

Hospital Name/Address	Patient Name/Information

7 Anatomy

FIGURE 79.1. Lymph nodes above and below the diaphragm (Ann Arbor/Lugano classification).



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

Physician Signature	Date/Time

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	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
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4 Definitions of AJCC TNM

TNM does not apply to this disease. Always refer to the specific chapter for explicit instructions on classification for this disease.

This form continues on the next page.

Hospital Name/Address	Patient Name/Information

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

5.1 Lugano Classification for Hodgkin and Non-Hodgkin Lymphoma[1]

	Stage	Stage description
✓	***Limited stage***	
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	IIE	Contiguous extralymphatic extension from a nodal site with or without involvement of other lymph node regions on the same side of the diaphragm
	*II bulky**	*Stage II with disease bulk***
	Advanced stage	
	III	Involvement of lymph node regions on both sides of the diaphragm; nodes above the diaphragm with spleen involvement
	IV	Diffuse or disseminated involvement of one or more extralymphatic organs, with or without associated lymph node involvement or *noncontiguous* extralymphatic organ involvement in conjunction with nodal Stage II disease or *any* extralymphatic organ involvement in nodal Stage III disease Stage IV includes *any* involvement of the CSF, bone marrow, liver, or multiple lung lesions (other than by direct extension in IIE disease).
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Note: A/B is no longer used in NHL.		

6 Registry Data Collection Variables

See chapter for more details on these variables.

1. Size of the largest mass in millimeters for all stages; essential for Stages I and II:

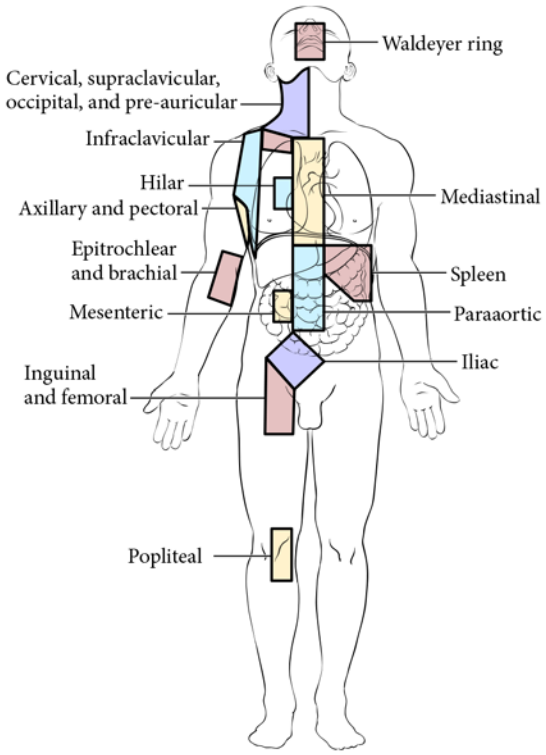
2. Proliferation index (% of positivity with either the Ki-67 or MIB1 monoclonal antibodies):

This form continues on the next page.

Hospital Name/Address	Patient Name/Information

7 Anatomy

FIGURE 79.1. Lymph nodes above and below the diaphragm (Ann Arbor/Lugano classification).



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

Physician Signature	Date/Time

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4 Definitions of AJCC TNM

TNM does not apply to this disease. Always refer to the specific chapter for explicit instructions on classification for this disease.

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

5.1 Lugano Classification for Hodgkin and Non-Hodgkin Lymphoma[1]

	Stage	Stage description
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Note: A/B is no longer used in NHL.		

6 Registry Data Collection Variables

See chapter for more details on these variables.

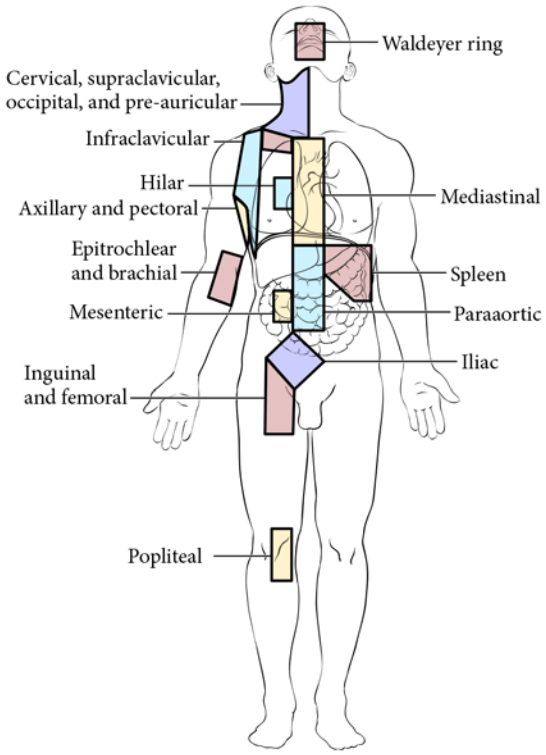
1. Size of the largest mass in millimeters for all stages; essential for Stages I and II:
2. Tumor disease burden (high [one or more factors] vs. low [0 factors]) based on the presence or absence of GELF criteria:
3. FLIPI (as FLIPI-1 or FLIPI-2):

This form continues on the next page.

Hospital Name/Address	Patient Name/Information

7 Anatomy

FIGURE 79.1. Lymph nodes above and below the diaphragm (Ann Arbor/Lugano classification).



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
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Physician Signature	Date/Time

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: The use of the term *pathological staging* is reserved for patients who undergo staging laparotomy with an explicit intent to assess the presence of abdominal disease or to define histologic microscopic disease extent in the abdomen. As a result of improved diagnostic imaging, staging laparotomy and pathological staging generally are no longer performed.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

4 Definitions of AJCC TNM

TNM does not apply to this disease. Always refer to the specific chapter for explicit instructions on classification for this disease.

This form continues on the next page.

Hospital Name/Address	Patient Name/Information

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

5.1 Lugano Classification for Hodgkin and Non-Hodgkin Lymphoma[1]

	Stage	Stage description
✓	***Limited stage***	
	I	Involvement of a single lymphatic site (i.e., nodal region, Waldeyer's ring, thymus, or spleen)
	IE	Single extralymphatic site in the absence of nodal involvement (rare in HL)
	II	Involvement of two or more lymph node regions on the same side of the diaphragm
	IIE	Contiguous extralymphatic extension from a nodal site with or without involvement of other lymph node regions on the same side of the diaphragm
	*II bulky**	*Stage II with disease bulk***
	Advanced stage	
	III	Involvement of lymph node regions on both sides of the diaphragm; nodes above the diaphragm with spleen involvement
	IV	Diffuse or disseminated involvement of one or more extralymphatic organs, with or without associated lymph node involvement or *noncontiguous* extralymphatic organ involvement in conjunction with nodal Stage II disease or *any* extralymphatic organ involvement in nodal Stage III disease Stage IV includes *any* involvement of the CSF, bone marrow, liver, or multiple lung lesions (other than by direct extension in IIE disease).
*Stage II bulky may be considered either early- or advanced-stage disease based on lymphoma histology and prognostic factors (see discussion of HL prognostic factors).		
**The definition of disease bulk varies according to the lymphoma histology. In the Lugano classification,[1] bulk in HL is defined as a mass greater than one third of the thoracic diameter on CT of the chest or a mass >10 cm. For NHL, the recommended definitions of bulk vary by lymphoma histology. In follicular lymphoma, 6 cm has been suggested based on the FLIPI-2 and its validation.[2,3] In DLBCL, cutoffs ranging from 5 to 10 cm have been used, although 10 cm is recommended.[4]		
Note: A/B is no longer used in NHL.		

6 Registry Data Collection Variables

See chapter for more details on these variables.

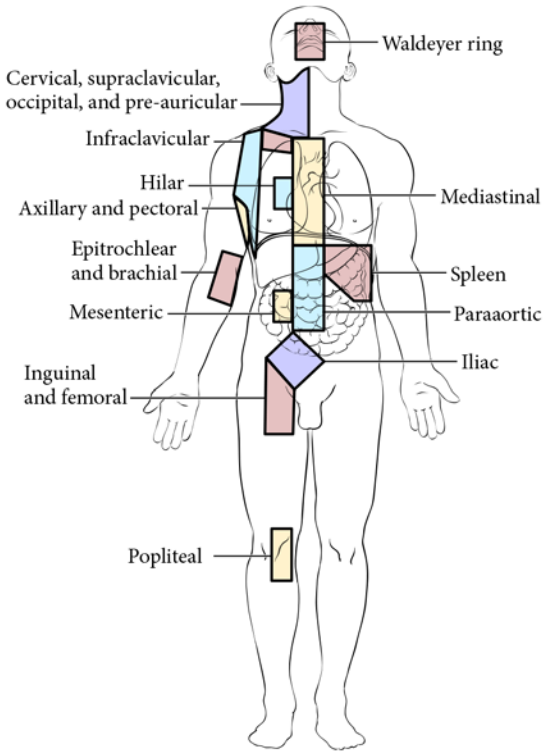
1. Size of the largest mass in millimeters for all stages; essential for Stages I and II:

This form continues on the next page.

Hospital Name/Address	Patient Name/Information

7 Anatomy

FIGURE 79.1. Lymph nodes above and below the diaphragm (Ann Arbor/Lugano classification).



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

Physician Signature	Date/Time

8 Bibliography

1. Cheson BD, Fisher RI, Barrington SF, et al. Recommendations for initial evaluation, staging, and response assessment of Hodgkin and non-Hodgkin lymphoma: the Lugano classification. *J Clin Oncol.* 2014;32(27):3059-3068.
2. Arcaini L, Rattotti S, Gotti M, Luminari S. Prognostic assessment in patients with indolent B-cell lymphomas. *ScientificWorldJournal.* 2012;2012:107892.
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Hospital Name/Address	Patient Name/Information

79.5. Non-Hodgkin Lymphomas: Chronic Lymphocytic Leukemia and Small Lymphocytic Lymphoma

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3 Time of Classification (select one):

✓	***Classification***	***Definition***
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: The use of the term *pathological staging* is reserved for patients who undergo staging laparotomy with an explicit intent to assess the presence of abdominal disease or to define histologic microscopic disease extent in the abdomen. As a result of improved diagnostic imaging, staging laparotomy and pathological staging generally are no longer performed.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

TNM does not apply to this disease. Always refer to the specific chapter for explicit instructions on classification for this disease.

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

5.1 Lugano Classification for Hodgkin and Non-Hodgkin Lymphoma[1]

	Stage	***Stage description***
✓	***Limited stage***	
	I	Involvement of a single lymphatic site (i.e., nodal region, Waldeyer's ring, thymus, or spleen)
	IE	Single extralymphatic site in the absence of nodal involvement (rare in HL)
	II	Involvement of two or more lymph node regions on the same side of the diaphragm
	IIE	Contiguous extralymphatic extension from a nodal site with or without involvement of other lymph node regions on the same side of the diaphragm
	*II bulky**	*Stage II with disease bulk***
	Advanced stage	
	III	Involvement of lymph node regions on both sides of the diaphragm; nodes above the diaphragm with spleen involvement
	IV	Diffuse or disseminated involvement of one or more extralymphatic organs, with or without associated lymph node involvement or *noncontiguous* extralymphatic organ involvement in conjunction with nodal Stage II disease or *any* extralymphatic organ involvement in nodal Stage III disease Stage IV includes *any* involvement of the CSF, bone marrow, liver, or multiple lung lesions (other than by direct extension in IIE disease).
*Stage II bulky may be considered either early- or advanced-stage disease based on lymphoma histology and prognostic factors (see discussion of HL prognostic factors).		
**The definition of disease bulk varies according to the lymphoma histology. In the Lugano classification,[1] bulk in HL is defined as a mass greater than one third of the thoracic diameter on CT of the chest or a mass >10 cm. For NHL, the recommended definitions of bulk vary by lymphoma histology. In follicular lymphoma, 6 cm has been suggested based on the FLIPI-2 and its validation.[2,3] In DLBCL, cutoffs ranging from 5 to 10 cm have been used, although 10 cm is recommended.[4]		
Note: A/B is no longer used in NHL.		

6 Registry Data Collection Variables

CLL and SLL should always be abstracted as lymphoma. See chapter for more details on these variables.

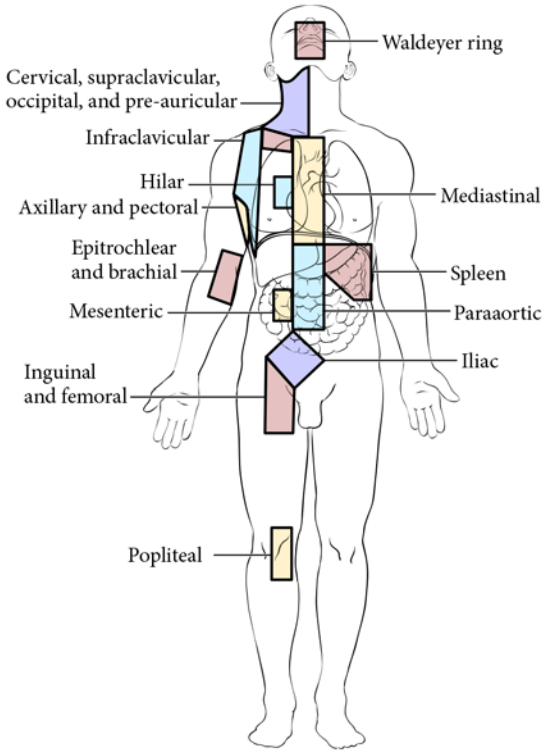
1. Size of the largest mass in millimeters for all stages; essential for Stages I and II:
2. ALC >5,000 cells/µL: ☐ yes ☐ no
3. Adenopathy (presence of lymph nodes >1.5 cm on PE): ☐ yes ☐ no
4. Organomegaly (enlarged liver and/or spleen on PE): ☐ yes ☐ no
5. Anemia (Hgb <11.0 g/dL): ☐ yes ☐ no
6. Thrombocytopenia (Plt <100,000/µL): ☐ yes ☐ no

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

7 Anatomy

FIGURE 79.1. Lymph nodes above and below the diaphragm (Ann Arbor/Lugano classification).



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

Physician Signature	Date/Time

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4 Definitions of AJCC TNM

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This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

5.1 Lugano Classification for Hodgkin and Non-Hodgkin Lymphoma[1]

	Stage	Stage description
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	IE	Single extralymphatic site in the absence of nodal involvement (rare in HL)
	II	Involvement of two or more lymph node regions on the same side of the diaphragm
	IIE	Contiguous extralymphatic extension from a nodal site with or without involvement of other lymph node regions on the same side of the diaphragm
	*II bulky**	*Stage II with disease bulk***
	Advanced stage	
	III	Involvement of lymph node regions on both sides of the diaphragm; nodes above the diaphragm with spleen involvement
	IV	Diffuse or disseminated involvement of one or more extralymphatic organs, with or without associated lymph node involvement or *noncontiguous* extralymphatic organ involvement in conjunction with nodal Stage II disease or *any* extralymphatic organ involvement in nodal Stage III disease Stage IV includes *any* involvement of the CSF, bone marrow, liver, or multiple lung lesions (other than by direct extension in IIE disease).
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**The definition of disease bulk varies according to the lymphoma histology. In the Lugano classification,[1] bulk in HL is defined as a mass greater than one third of the thoracic diameter on CT of the chest or a mass >10 cm. For NHL, the recommended definitions of bulk vary by lymphoma histology. In follicular lymphoma, 6 cm has been suggested based on the FLIPI-2 and its validation.[2,3] In DLBCL, cutoffs ranging from 5 to 10 cm have been used, although 10 cm is recommended.[4]		
Note: A/B is no longer used in NHL.		

6 Registry Data Collection Variables

See chapter for more details on these variables.

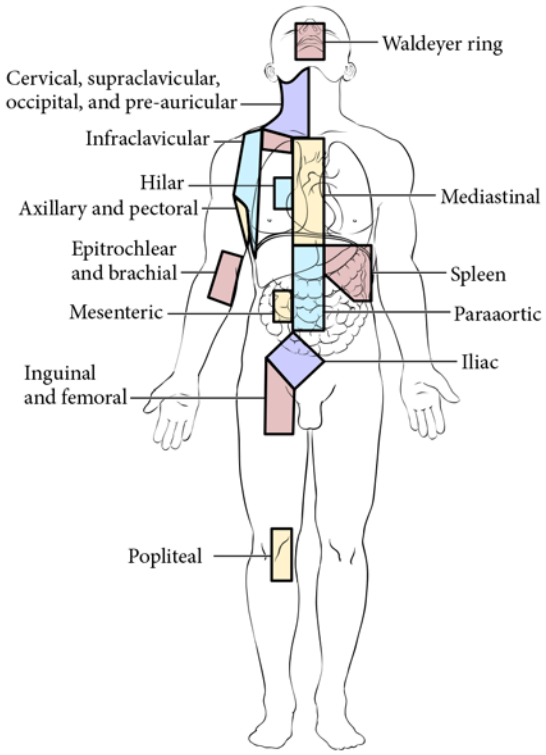
1. Size of the largest mass in millimeters for all stages; essential for Stages I and II:

This form continues on the next page.

Hospital Name/Address	Patient Name/Information

7 Anatomy

FIGURE 79.1. Lymph nodes above and below the diaphragm (Ann Arbor/Lugano classification).



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
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11. Iliac
12. Inguinal and femoral
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This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

TNM does not apply to this disease. Always refer to the specific chapter for explicit instructions on classification for this disease.

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	*II bulky**	*Stage II with disease bulk***
	Advanced stage	
	III	Involvement of lymph node regions on both sides of the diaphragm; nodes above the diaphragm with spleen involvement
	IV	Diffuse or disseminated involvement of one or more extralymphatic organs, with or without associated lymph node involvement or *noncontiguous* extralymphatic organ involvement in conjunction with nodal Stage II disease or *any* extralymphatic organ involvement in nodal Stage III disease Stage IV includes *any* involvement of the CSF, bone marrow, liver, or multiple lung lesions (other than by direct extension in IIE disease).
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Note: HL uses an A or B designation with stage group. A/B is no longer used in NHL.		

Select one:

✓	***Designation***	***Definition***
	A	Asymptomatic (No B symptoms)
	B	Any B symptom(s): 1. Fevers. Unexplained fever with temperature above 38°C 2. Night sweats. Drenching sweats (e.g., those that require change of bedclothes) 3. Weight loss. Unexplained weight loss of more than 10% of the usual body weight in the 6 months prior to diagnosis

6 Registry Data Collection Variables

See chapter for more details on these variables.

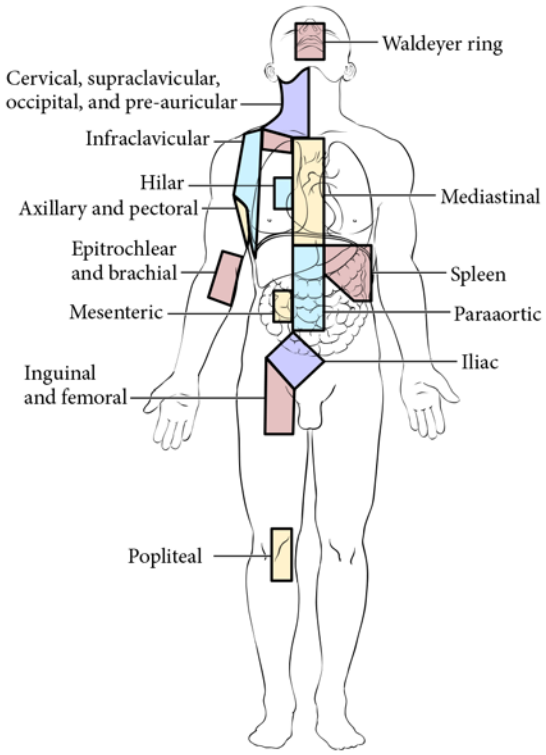
1. Size of the largest mass in millimeters for all stages; essential for Stages I and II:
2. A or B designation for symptoms must be part of the stage:
3. IPS:

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

7 Anatomy

FIGURE 79.1. Lymph nodes above and below the diaphragm (Ann Arbor/Lugano classification).



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
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11. Iliac
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Physician Signature	Date/Time

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Hospital Name/Address	Patient Name/Information

80. Pediatric Hodgkin and Non-Hodgkin Lymphomas

Pediatric Non-Hodgkin Lymphomas and Hodgkin Lymphomas use different staging classifications. It is for this reason that there are 2 separate staging forms for this chapter. Please choose the appropriate staging form based on histologic type.

80.1 Pediatric Hodgkin Lymphomas

80.2 Pediatric Non-Hodgkin Lymphomas

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2 Instructions

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	***Classification***	***Definition***
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: The use of the term *pathological staging* is reserved for patients who undergo staging laparotomy with an explicit intent to assess the presence of abdominal disease or to define histologic microscopic disease extent in the abdomen. As a result of improved diagnostic imaging, staging laparotomy and pathological staging generally are no longer performed.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

TNM does not apply to this disease. Always refer to the specific chapter for explicit instructions on classification for this disease.

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

5.1 Lugano Classification for Hodgkin and Non-Hodgkin Lymphoma[1]

	Stage	Stage description
✓	***Limited stage***	
	I	Involvement of a single lymphatic site (i.e., nodal region, Waldeyer's ring, thymus, or spleen)
	IE	Single extralymphatic site in the absence of nodal involvement (rare in Hodgkin lymphoma)
	II	Involvement of two or more lymph node regions on the same side of the diaphragm
	IIE	Contiguous extralymphatic extension from a nodal site with or without involvement of other lymph node regions on the same side of the diaphragm
	*II bulky**	*Stage II with disease bulk***
	Advanced stage	
	III	Involvement of lymph node regions on both sides of the diaphragm; nodes above the diaphragm with spleen involvement
	IV	Diffuse or disseminated involvement of one or more extralymphatic organs, with or without associated lymph node involvement; or *noncontiguous* extralymphatic organ involvement in conjunction with nodal Stage II disease or *any* extralymphatic organ involvement in nodal Stage III disease Stage IV includes *any* involvement of the CSF, bone marrow, liver, or multiple lung lesions (other than by direct extension in IIE disease).
*Stage II bulky may be considered either early or advanced stage based on lymphoma histology and prognostic factors (see discussion of Hodgkin lymphoma prognostic factors).		
**The definition of *disease bulk* varies according to lymphoma histology. In the Lugano classification,[1] bulk in Hodgkin lymphoma is defined as a mass greater than one third of the thoracic diameter on CT of the chest or a mass >10 cm.		
Note: Hodgkin lymphoma uses A or B designation with stage group.		

Select one:

✓	Designation	Definition
	A	Asymptomatic (No B symptoms)
	B	Any B symptom(s): 1. Fevers. Unexplained fever with temperature above 38°C 2. Night sweats. Drenching sweats (e.g., those that require change of bedclothes) 3. Weight loss. Unexplained weight loss of more than 10% of the usual body weight in the 6 months prior to diagnosis

6 Registry Data Collection Variables

See chapter for more details on these variables.

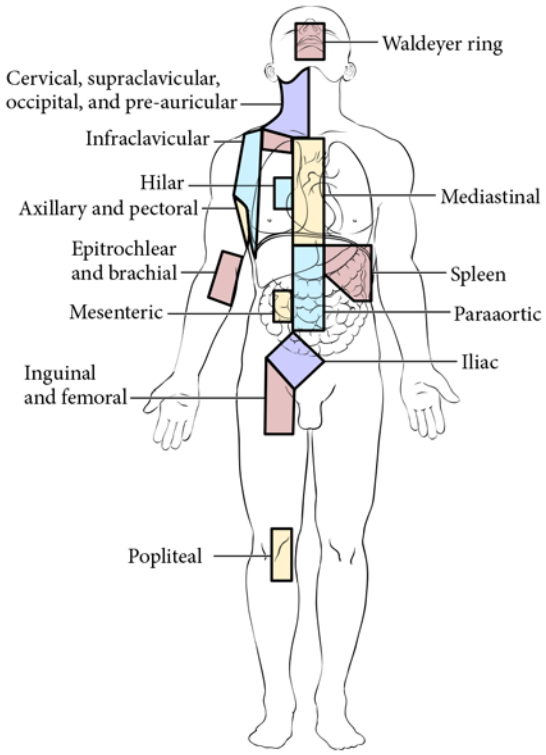
1. Size of the largest mass in millimeters for all stages; essential for Stages I and II:
2. A or B designation for symptoms must be part of the stage:

This form continues on the next page.

Hospital Name/Address	Patient Name/Information

7 Anatomy

FIGURE 79.1. Lymph nodes above and below the diaphragm (Ann Arbor/Lugano classification).



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

Physician Signature	Date/Time

8 Bibliography

1. Cheson BD, Fisher RI, Barrington SF, et al. Recommendations for initial evaluation, staging, and response assessment of Hodgkin and non-Hodgkin lymphoma: the Lugano classification. *J Clin Oncol.* 2014;32(27):3059-3068.

Hospital Name/Address	Patient Name/Information

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	pTNM	Pathological Classification: The use of the term *pathological staging* is reserved for patients who undergo staging laparotomy with an explicit intent to assess the presence of abdominal disease or to define histologic microscopic disease extent in the abdomen. As a result of improved diagnostic imaging, staging laparotomy and pathological staging generally are no longer performed.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

TNM does not apply to this disease. Always refer to the specific chapter for explicit instructions on classification for this disease.

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

6 AJCC Prognostic Stage Groups

6.1 St. Jude Children's Research Hospital Staging System for Non-Hodgkin Lymphoma

✓	*Stage*	*Stage description*
	I	A single tumor (extranodal) or single anatomic area (nodal), with the exclusion of the mediastinum or abdomen
	II	A single tumor (extranodal) with regional node involvement Two or more nodal areas on the same side of the diaphragm Two single (extranodal) tumors with or without regional node involvement on the same side of the diaphragm A primary gastrointestinal tract tumor, usually in the ileocecal area, with or without involvement of associated mesenteric nodes only*
	III	Two single tumors (extranodal) on opposite sides of the diaphragm Two or more nodal areas above and below the diaphragm All the primary intrathoracic tumors (mediastinal, pleural, and thymic) All extensive primary intra-abdominal disease* All paraspinal or epidural tumors, regardless of other tumor site(s)
	IV	Any of the above with initial CNS and/or bone marrow involvement**

*A distinction is made between apparently localized gastrointestinal tract lymphoma versus more extensive intra-abdominal disease because of their quite different patterns of survival after appropriate therapy. Stage II disease typically is limited to a segment of the gut plus or minus the associated mesenteric nodes only, and the primary tumor can be completely removed grossly by segmental excision. Stage III disease typically exhibits spread to para-aortic and retroperitoneal areas by implants and plaques in mesentery or peritoneum, or by direct infiltration of structures adjacent to the primary tumor. Ascites may be present, and complete resection of all gross tumor is not possible.

**If marrow involvement is present initially, the number of abnormal cells must be ≤25% in an otherwise normal marrow aspirate with a normal peripheral blood picture.

Modified from Murphy SB.[1]

7 Registry Data Collection Variables

See chapter for more details on these variables.

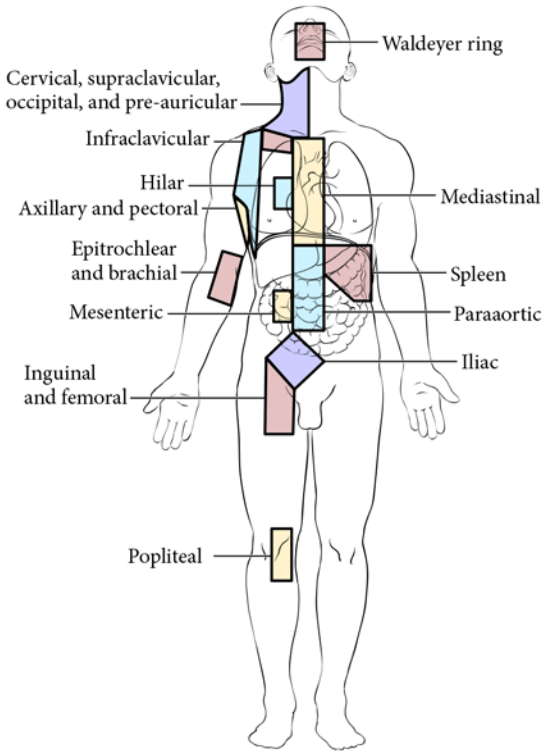
1. Size of the largest mass in millimeters for all stages; essential for Stages I and II:

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

8 Anatomy

FIGURE 79.1. Lymph nodes above and below the diaphragm (Ann Arbor/Lugano classification).



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

Physician Signature	Date/Time

9 Bibliography

1. Murphy SB. Classification, staging and end results of treatment of childhood non-Hodgkin's lymphomas: dissimilarities from lymphomas in adults. *Semin Oncol.* 1980;7(3):332-339.

Hospital Name/Address	Patient Name/Information

81. Primary Cutaneous Lymphomas

Mycosis Fungoides and Sézary Syndrome (MF/SS) and non-MF/SS lymphomas have different Definitions of TNM, Prognostic Factors Required for Staging, and staging classifications. It is for this reason that there are 2 separate staging forms for this chapter. Please choose the appropriate staging form based on histologic type.

81.1 Primary Cutaneous Lymphomas: Mycosis Fungoides and Sézary Syndrome

81.2 Primary Cutaneous Lymphomas: Primary Cutaneous B-Cell/T-cell Lymphoma (non-MF/SS) Lymphoma

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This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T) (Skin)

ISCL/EORTC revision to the classification of mycosis fungoides and Sézary Syndrome

✓	*T Category*	*T Criteria*
	T1	Limited patches,* papules, and/or plaques** covering <10% of the skin surface
	T1a	T1a (patch only)
	T1b	T1b (plaque ± patch)
	T2	Patches, papules, or plaques covering ≥10% of the skin surface
	T2a	T2a (patch only)
	T2b	T2b (plaque ± patch)
	T3	One or more tumors*** (≥1 cm in diameter)
	T4	Confluence of erythema covering ≥80% of body surface area

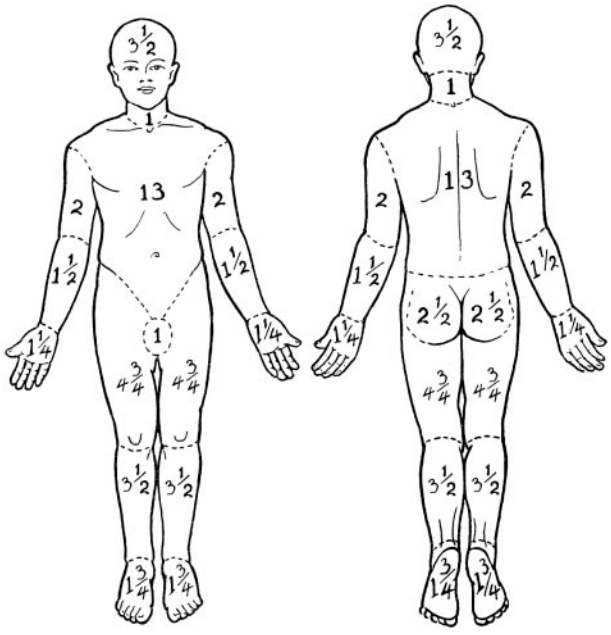
*For skin, *patch* indicates any size skin lesion without significant elevation or induration. Presence/absence of hypo- or hyperpigmentation, scale, crusting, and/or poikiloderma should be noted.

**For skin, *plaque* indicates any size skin lesion that is elevated or indurated. Presence/absence of scale, crusting, and/or poikiloderma should be noted. Histologic features such as folliculotropism, large cell transformation (>25% large cells), and CD30 positivity or negativity, as well as clinical features such as ulceration, are important to document.

***For skin, *tumor* indicates at least one 1-cm diameter solid or nodular lesion with evidence of depth and/or vertical growth. Note the total number of lesions, total volume of lesions, largest size lesion, and region of body involved. Also note whether there is histologic evidence of large cell transformation. Phenotyping for CD30 is encouraged.

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

FIGURE 81.1. Regional percent of body surface area in the adult (From Olsen et al.,[1] with permission).



Hospital Name/Address	Patient Name/Information

4.2 Definition of Regional Lymph Node (N) (Node)

✓	*N Category*	*N Criteria*
	NX	Clinically abnormal peripheral lymph nodes; no histologic confirmation
	N0	No clinically abnormal peripheral lymph nodes*; biopsy not required
	N1	Clinically abnormal peripheral lymph nodes; histopathology Dutch grade 1 or National Cancer Institute (NCI) LN0–2
	N1a	Clone negative**
	N1b	Clone positive**
	N2	Clinically abnormal peripheral lymph nodes; histopathology Dutch grade 2 or NCI LN3
	N2a	Clone negative**
	N2b	Clone positive**
	N3	Clinically abnormal peripheral lymph nodes; Histopathology Dutch grades 3–4 or NCI LN4; clone positive or negative

*For node, *abnormal peripheral lymph node(s)* indicates any palpable peripheral node that on physical examination is firm, irregular, clustered, fixed or ≥1.5 cm in diameter. Node groups examined on physical examination include cervical, supraclavicular, epitrochlear, axillary, and inguinal. Central nodes, which generally are not amenable to pathological assessment, currently are not considered in the nodal classification unless used to establish N3 histopathologically.

**A T-cell clone is defined by polymerase chain reaction (PCR) or Southern blot analysis of the TCR gene.

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M) (Visceral)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No visceral organ involvement
	cM1	Visceral involvement (spleen and liver may be diagnosed by imaging criteria, and organ involved should be specified)
	pM1	Visceral involvement (must have pathology confirmation, and organ involved should be specified)

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

5 Prognostic Factors Required for Stage Grouping

5.1 Peripheral Blood Involvement (B)

✓	*B Category*	*B Criteria*
	B0	Absence of significant blood involvement: ≤5% of peripheral blood lymphocytes are atypical (Sézary) cells*
	B0a	Clone negative**
	B0b	Clone positive**
	B1	Low blood tumor burden: >5% of peripheral blood lymphocytes are atypical (Sézary) cells, but does not meet the criteria of B2
	B1a	Clone negative**
	B1b	Clone positive**
	B2	High blood tumor burden: ≥1,000/µL Sézary cells* with positive clone**

*For blood, Sézary cells are defined as lymphocytes with hyperconvoluted cerebriform nuclei. If Sézary cells cannot be used to determine tumor burden for B2, then one of the following modified ISCL criteria, along with a positive clonal rearrangement of the TCR, may be used instead: (1) expanded CD4+ or CD3+ cells with a CD4/CD8 ratio of ≥10, or (2) expanded CD4+ cells with abnormal immunophenotype, including loss of CD7 or CD26.

**A T-cell clone is defined by PCR or Southern blot analysis of the TCR gene.

From Olsen et al., with permission from the American Society of Hematology.[1]

6 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

6.1 ISCL/EORTC Revision to the Staging of Mycosis Fungoides and Sézary Syndrome

✓	*When T is…*	*And N is…*	*And M is…*	*And B is…*	*Then the stage group is…*
	T1	N0	M0	B0,1	IA
	T2	N0	M0	B0,1	IB
	T1,2	N1,2	M0	B0,1	IIA
	T3	N0–2	M0	B0,1	IIB
	T4	N0–2	M0	B0,1	III
	T4	N0–2	M0	B0	IIIA
	T4	N0–2	M0	B1	IIIB
	T1–4	N0–2	M0	B2	IVA1
	T1–4	N3	M0	B0–2	IVA2
	T1–4	N0–3	M1	B0–2	IVB

From Olsen et al.,[1] with permission from the American Society of Hematology.

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

7 Registry Data Collection Variables

See chapter for more details on these variables.

1. Peripheral blood involvement:

Physician Signature Date/Time

8 Bibliography

1. Olsen E, Vonderheid E, Pimpinelli N, et al. Revisions to the staging and classification of mycosis fungoides and Sezary syndrome: a proposal of the International Society for Cutaneous Lymphomas (ISCL) and the cutaneous lymphoma task force of the European Organization of Research and Treatment of Cancer (EORTC). *Blood.* 2007;110(6):1713-1722.

Hospital Name/Address	**Patient Name/Information**

81.2. Primary Cutaneous Lymphoma: Primary Cutaneous B-Cell/T-Cell (non-MF/SS) Lymphoma

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	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4 Definitions of AJCC TNM

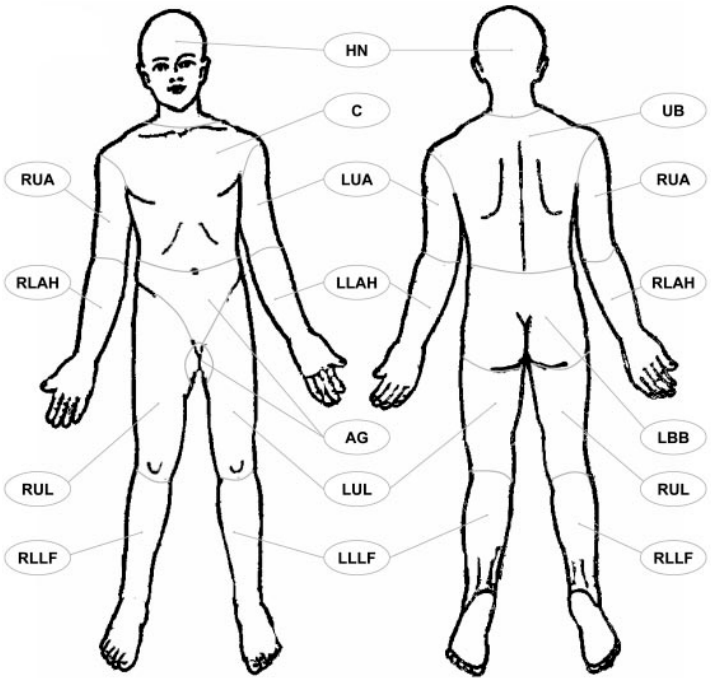
Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

4.1 Definition of Primary Tumor (T)

✓	*T Category*	*T Criteria*
	T1	Solitary skin involvement
	T1a	Solitary lesion <5 cm
	T1b	Solitary lesion ≥5 cm
	T2	Regional skin involvement: multiple lesions limited to one body region or two contiguous body regions
	T2a	All disease encompassing in a <15-cm circular area
	T2b	All disease encompassing in a ≥15-cm and <30-cm circular area
	T2c	All disease encompassing in a ≥30-cm circular area
	T3	Generalized skin involvement
	T3a	Multiple lesions involving 2 noncontiguous body regions
	T3b	Multiple lesions involving ≥3 body regions

✓	*T Suffix*	*Definition*
	(m)	Select if synchronous primary tumors are found in single organ.

FIGURE 81.2. Body regions as defined in the proposed TNM system for designating T (skin involvement) category. Left and right extremities are assessed as separate body regions. The designation of these body regions are based on regional lymph node drainage patterns (From Kim et al.,[1] with permission).



HN	Head & Neck
C	Chest
LUA	Left Upper Arm
LLAH	Left Lower Arm & Hand
AG	Abdominal & Genital
LUL	Left Upper Leg
LLLF	Left Lower Leg & Feet
RUA	Right Upper Arm
RLAH	Right Lower Arm & Hand
RUL	Right Upper Leg
RLLF	Right Lower Leg & Feet
UB	Upper Back
LBB	Lower Back & Buttock

This form continues on the next page.

Hospital Name/Address	**Patient Name/Information**

4.2 Definition of Regional Lymph Node (N)

✓	*N Category*	*N Criteria*
	NX	Regional lymph nodes cannot be assessed
	N0	No clinical or pathological lymph node involvement
	N1	Involvement of one peripheral node region that drains an area of current or prior skin involvement
	N2	Involvement of two or more peripheral node regions or involvement of any lymph node region that does not drain an area of current or prior skin involvement
	N3	Involvement of central nodes

✓	*N Suffix*	*Definition*
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	*M Category*	*M Criteria*
	cM0	No evidence of extracutaneous non–lymph node disease
	cM1	Extracutaneous non–lymph node disease present
	pM1	Extracutaneous non–lymph node disease present, microscopically proven

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

There is no stage group for other primary cutaneous lymphomas – including cutaneous T-cell, B-cell, NK cell and non-MF/SS lymphoma – at this time.

Physician Signature	Date/Time

6 Bibliography

1. Kim YH, Willemze R, Pimpinelli N, et al. TNM classification system for primary cutaneous lymphomas other than mycosis fungoides and Sezary syndrome: a proposal of the International Society for Cutaneous Lymphomas (ISCL) and the Cutaneous Lymphoma Task Force of the European Organization of Research and Treatment of Cancer (EORTC). *Blood.* 2007;110(2):479-484.

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The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Time of Classification (select one):

✓	*Classification*	*Definition*
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

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4 Definitions of AJCC TNM

TNM does not apply to this classification. Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

5.1 Revised International Staging System (RISS) Adopted by the International Myeloma Working Group

✓	*RISS stage group*	*Factors*
	Stage I	Serum β_2-microglobulin <3.5 mg/L *and* serum albumin ≥3.5 g/dL *and* no high-risk cytogenetics* *and* Normal LDH
	Stage II	Not stage I or III
	Stage III	Serum β_2-microglobulin ≥5.5 mg/L *and* high-risk cytogenetics* *and/or* high LDH

*High-risk cytogenetics consist of one or more of the following: del17p, t(4;14), or t(14;16).

Note: The following variables must be collected at the time of diagnosis for staging of multiple myeloma according to the RISS: serum β_2-microglobulin, serum albumin, serum LDH, and FISH results from the bone marrow specimen for t(4;14), t(14;16), and del17p.

Adapted from Palumbo et al.[1]

This form continues on the next page.

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6 Registry Data Collection Variables

See chapter for more details on these variables.

1. ISS stage group (if documented):
2. Imaging elements: bone disease demonstrated on imaging, plain film (skeletal survey), CT, MR imaging, PET/CT:
3. Number of bone lesions identified on imaging: ☐ none ☐ one ☐ more than one
4. Hemoglobin; all measurements are pretreatment:
5. Serum β_2-microglobulin in milligrams per liter, xx.x; all measurements are pretreatment:
6. Serum albumin in grams per deciliter, x.x; all measurements are pretreatment:
7. Serum calcium in milligrams per deciliter, xx.x; all measurements are pretreatment:
8. Serum creatinine in milligrams per deciliter, x.x; all measurements are pretreatment:
9. LDH, normal or above normal, xx,xxx units per liter; all measurements are pretreatment:
10. IgG in milligrams per deciliter, xx,xxx; all measurements are pretreatment:
11. IgA in milligrams per deciliter, xx,xxx; all measurements are pretreatment:
12. IgM in milligrams per deciliter, xx,xxx; all measurements are pretreatment:
13. Monoclonal protein levels in serum and urine (M spike): grams per deciliter for serum, xx.x; grams for 24-hour urine, xx.x; all measurements are pretreatment:
14. Serum free kappa light chain levels in grams per liter, xx,xxx (milligrams per deciliter × 10 to convert to grams per liter); all measurements are pretreatment:
15. Serum free lambda light chain levels in grams per liter, xx,xxx (milligrams per deciliter × 10 to convert to grams per liter); all measurements are pretreatment:
16. Cytogenetics:
    ☐ t(4;14) ☐ t(14;16) ☐ t(14;20) ☐ t(11;14) ☐ t(6;14)
    ☐ add1q ☐ del1p ☐ del17p ☐ trisomy 3 ☐ trisomy 5
    ☐ trisomy 7 ☐ trisomy 9 ☐ trisomy 11 ☐ trisomy 15 ☐ trisomy 19
    ☐ trisomy 21

Physician Signature Date/Time

7 Bibliography

1. Palumbo A, Avet-Loiseau H, Oliva S, et al. Revised International Staging System for Multiple Myeloma: A Report From International Myeloma Working Group. *J Clin Oncol.* 2015;33(26):2863-2869.

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83. Leukemia

Leukemia has different Rules for Classification and Registry Data Collection Variables depending on histologic type. There is only one staging form for this chapter, but the Prognostic Factors for Clinical Care are divided into sections based on histologic type. Please complete the form according to the appropriate histologic type.

83.0 Leukemia: Unspecified or Other Type

83.1 Leukemia: Acute Myeloid Leukemia

83.2 Leukemia: Acute Lymphoblastic Leukemia in Children

83.3 Leukemia: Acute Lymphocytic Leukemia in Adults

83.4 Leukemia: Chronic Myeloid Leukemia

1 Terms of Use

The cancer staging form is a specific document in the patient record; it is not a substitute for documentation of history, physical examination, and staging evaluation, or for documenting treatment plans or follow-up. The staging forms available in conjunction with the *AJCC Cancer Staging Manual, Eighth Edition* may be used by individuals without permission from the ACS or the publisher. They cannot be sold, distributed, published, or incorporated into any software (including any electronic record systems), product, or publication without a written license agreement with ACS. The forms cannot be modified, changed, or updated without the express written permission of ACS.

2 Instructions

See Principles of Cancer Staging (Chapter 1) of the *AJCC Cancer Staging Manual, Eighth Edition* for complete staging rules. Always refer to the respective chapter in the Manual for disease-specific rules for classification, as this form is not representative of all rules, exceptions and instructions for this disease.

This form may be used by physicians to record data on T, N, and M categories; prognostic stage groups; additional prognostic factors; cancer grade; and other important information. This form may be useful for recording information in the medical record and for communicating information from physicians to the cancer registrar.

The staging form may be used to document cancer stage at different points in the patient's care and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

3 Select Diagnosis

This form may be used for the following diagnoses discussed in the *AJCC Cancer Staging Manual, Eighth Edition*.

✓	***Diagnosis***
	83.1 Acute Myeloid Leukemia
	83.2 Acute lymphoblastic leukemia in children
	83.3 Acute Lymphocytic Leukemia in Adults
	83.4 Chronic Myeloid Leukemia
	83.0 Unspecified or Other Type of Leukemia

4 Time of Classification (select one):

✓	***Classification***	***Definition***
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

This form continues on the next page.

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5 Prognostic Factors Required for Clinical Care

5.1 Acute Myeloid Leukemia

5.1.1 Age:

5.1.2 Zubrod performance status (PS)

✓	*PS*	*Definition*
	0 or 1	Minimal symptoms
	2	Between 1 & 3
	3	In bed 50-100% of time
	4	Bed ridden

5.1.3 Hematopoietic cell transplantation comorbidity index (HCT-CI):

5.1.4 Cytogenetics (20 metaphase):

✓	*Description*
	Favorable
	Intermediate
	Adverse

5.1.5 Status of NPM, FLT3 and CEBPA genes:

✓	*Status*
	NPM1 mutation in absence FLT3 internal tandem duplication
	Bi allelic CEBPA mutation
	FLT3 internal tandem duplication

This form continues on the next page.

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5.2 Acute Lymphoblastic Leukemia in Children

5.2.1 Age:

✓	*Age*
	1- <10 years
	≥10 years

5.2.2 WBC count at diagnosis (<50,000 to ≥50,000 µL):

5.2.3 T immunophenotype:

✓	*T Immunophenotype*
	CD5
	CD7
	CD8
	CD4
	CD2
	CD1a

5.2.4 CNS involvement (blasts on cytospin):

5.2.5 Hyperdiploidy (>50-67 chromosomes or specific trisomies (e.g. 4 and 10):

5.2.6 t(12;21) (p13:q22) *EVT6/RUNX1* (Cryptic translocation detected by FISH, RT-PCR):

5.2.7 Hypodiploidy (<44 chromosomes by karyotype):

5.2.8 *MLL* rearrangements (Karotype or FISH (>100 fusion partners defined)):

5.2.9 iAMP21 (Three or more extra copies of *RUNX1* on an abnormal chromosome 21):

5.2.10 t(9;22)(q24;q11) Ph+ (FISH or karyotype):

5.2.11 MRD (flow cytometry or antigen receptor/fusion gene PCR):

This form continues on the next page.

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5.3 Acute Lymphocytic Leukemia in Adults

5.3.1 CNS involvement (presence of blasts in cerebrospinal fluid):

5.3.2 Testicular involvement (testicular mass or swelling; presence of blasts on biopsy):

This form continues on the next page.

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5.4 Chronic Myeloid Leukemia

5.4.1 Bone marrow (blast count):

5.4.2 Cytogenetics, Ph chromosome:

5.4.3 Cytogenetics, additional clonal changes:

Physician Signature	Date/Time

Hospital Name/Address	Patient Name/Information

Index by Primary Site or Disease

Index by Organ System