



# 中山醫學大學附設醫院 Chung Shan Medical University Hospital 癌症分期表

病人姓名：\_\_\_\_\_ 病歷號碼：\_\_\_\_\_ 出生日期：\_\_\_\_年\_\_\_\_月\_\_\_\_日 性別：\_\_\_\_床號：\_\_\_\_\_

## THYROID STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS		PATHOLOGIC <i>Extent of disease through completion of definitive surgery</i>
<input type="checkbox"/> y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	<b>TUMOR SIZE:</b> _____	<b>LATERALITY:</b> <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> bilateral	<input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> T1 <input type="checkbox"/> T1a <input type="checkbox"/> T1b  <input type="checkbox"/> T2  <input type="checkbox"/> T3  <input type="checkbox"/> T4a  <input type="checkbox"/> T4b  <input type="checkbox"/> T4a <input type="checkbox"/> T4b	<b>PRIMARY TUMOR (T)</b> All categories may be subdivided: (s) solitary tumor and (m) multifocal tumor (the largest determines the classification).  Primary tumor cannot be assessed No evidence of primary tumor Tumor 2 cm or less in greatest dimension limited to the thyroid Tumor 1 cm or less, limited to the thyroid Tumor more than 1 cm but not more than 2 cm in greatest dimension, limited to the thyroid Tumor more than 2 cm but not more than 4 cm in greatest dimension, limited to the thyroid Tumor more than 4 cm in greatest dimension limited to the thyroid, or any tumor with minimal extrathyroid extension (e.g., extension to sternothyroid muscle or perithyroid soft tissues) Moderately advanced disease. Tumor of any size extending beyond the thyroid capsule to invade subcutaneous soft tissues, larynx, trachea, esophagus, or recurrent laryngeal nerve Very advanced disease. Tumor invades prevertebral fascia or encases carotid artery or mediastinal vessels  <b>All anaplastic carcinomas are considered T4 tumors</b> Intrathyroidal anaplastic carcinoma Anaplastic carcinoma with gross extrathyroid extension		<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> T1 <input type="checkbox"/> T1a <input type="checkbox"/> T1b  <input type="checkbox"/> T2  <input type="checkbox"/> T3  <input type="checkbox"/> T4a  <input type="checkbox"/> T4b  <input type="checkbox"/> T4a <input type="checkbox"/> T4b
<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N1a <input type="checkbox"/> N1b	<b>REGIONAL LYMPH NODES (N)</b> Regional lymph nodes are the central compartment, lateral cervical, and upper mediastinal lymph nodes.  Regional lymph nodes cannot be assessed. No regional lymph node metastasis Regional lymph node metastasis Metastasis to Level VI (pretracheal, paratracheal, and prelaryngeal/Delphian lymph nodes) Metastasis to unilateral, bilateral, or contralateral cervical (Levels I, II, III, IV or V) or retropharyngeal or superior mediastinal lymph nodes (Level VII)		<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N1a <input type="checkbox"/> N1b
<input type="checkbox"/> M0 <input type="checkbox"/> M1	<b>DISTANT METASTASIS (M)</b> No distant metastasis (no pathologic M0; use clinical M to complete stage group) Distant metastasis		<input type="checkbox"/> M1

# THYROID STAGING FORM

## ANATOMIC STAGE • PROGNOSTIC GROUPS

### CLINICAL

Separate stage groupings are recommended for papillary or follicular (differentiated), medullary, and anaplastic (undifferentiated) carcinoma.

#### **Papillary or Follicular (Differentiated)**

UNDER 45 YEARS

GROUP	T	N	M
<input type="checkbox"/> I	Any T	Any N	M0
<input type="checkbox"/> II	Any T	Any N	M1

#### **Papillary or Follicular (Differentiated)**

45 YEARS AND OLDER

GROUP	T	N	M
<input type="checkbox"/> I	T1	N0	M0
<input type="checkbox"/> II	T2	N0	M0
<input type="checkbox"/> III	T3	N0	M0
	T1	N1a	M0
	T2	N1a	M0
	T3	N1a	M0
<input type="checkbox"/> IVA	T4a	N0	M0
	T4a	N1a	M0
	T1	N1b	M0
	T2	N1b	M0
	T3	N1b	M0
	T4a	N1b	M0
<input type="checkbox"/> IVB	T4b	Any N	M0
<input type="checkbox"/> IVC	Any T	Any N	M1

#### **Medullary Carcinoma (All age groups)**

GROUP	T	N	M
<input type="checkbox"/> I	T1	N0	M0
<input type="checkbox"/> II	T2	N0	M0
	T3	N0	M0
<input type="checkbox"/> III	T1	N1a	M0
	T2	N1a	M0
	T3	N1a	M0
<input type="checkbox"/> IVA	T4a	N0	M0
	T4a	N1a	M0
	T1	N1b	M0
	T2	N1b	M0
	T3	N1b	M0
	T4a	N1b	M0
<input type="checkbox"/> IVB	T4b	Any N	M0
<input type="checkbox"/> IVC	Any T	Any N	M1

#### **Anaplastic Carcinoma**

All anaplastic carcinomas are considered Stage IV

GROUP	T	N	M
<input type="checkbox"/> IVA	T4a	Any N	M0
<input type="checkbox"/> IVB	T4b	Any N	M0
<input type="checkbox"/> IVC	Any T	Any N	M1
<input type="checkbox"/> Stage unknown			

### PATHOLOGIC

Separate stage groupings are recommended for papillary or follicular (differentiated), medullary, and anaplastic (undifferentiated) carcinoma.

#### **Papillary or Follicular (Differentiated)**

UNDER 45 YEARS

GROUP	T	N	M
<input type="checkbox"/> I	Any T	Any N	M0
<input type="checkbox"/> II	Any T	Any N	M1

#### **Papillary or Follicular (Differentiated)**

45 YEARS AND OLDER

GROUP	T	N	M
<input type="checkbox"/> I	T1	N0	M0
<input type="checkbox"/> II	T2	N0	M0
<input type="checkbox"/> III	T3	N0	M0
	T1	N1a	M0
	T2	N1a	M0
	T3	N1a	M0
<input type="checkbox"/> IVA	T4a	N0	M0
	T4a	N1a	M0
	T1	N1b	M0
	T2	N1b	M0
	T3	N1b	M0
	T4a	N1b	M0
<input type="checkbox"/> IVB	T4b	Any N	M0
<input type="checkbox"/> IVC	Any T	Any N	M1

#### **Medullary Carcinoma (All age groups)**

GROUP	T	N	M
<input type="checkbox"/> I	T1	N0	M0
<input type="checkbox"/> II	T2	N0	M0
	T3	N0	M0
<input type="checkbox"/> III	T1	N1a	M0
	T2	N1a	M0
	T3	N1a	M0
<input type="checkbox"/> IVA	T4a	N0	M0
	T4a	N1a	M0
	T1	N1b	M0
	T2	N1b	M0
	T3	N1b	M0
	T4a	N1b	M0
<input type="checkbox"/> IVB	T4b	Any N	M0
<input type="checkbox"/> IVC	Any T	Any N	M1

#### **Anaplastic Carcinoma**

All anaplastic carcinomas are considered Stage IV

GROUP	T	N	M
<input type="checkbox"/> IVA	T4a	Any N	M0
<input type="checkbox"/> IVB	T4b	Any N	M0
<input type="checkbox"/> IVC	Any T	Any N	M1
<input type="checkbox"/> Stage unknown			



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THYROID STAGING FORM

PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

REQUIRED FOR STAGING: None

CLINICALLY SIGNIFICANT: Solitary or Multifocal tumors in the primary site \_\_\_\_\_

General Notes :

For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y," "r," and "a" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.

**m suffix** indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.

**y prefix** indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a "y" prefix. The ycTNM or ypTNM categorizes the extent of tumor actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.

**r prefix** indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.

**a prefix** designates the stage determined at autopsy: aTNM.

**surgical margins** is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.

**neoadjuvant treatment** is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.

**Histologic Grade (G)** (also known as overall grade)

**Grading system**

- ☐ 2 grade system  
☐ 3 grade system  
☐ 4 grade system  
☐ No 2, 3, or 4 grade system is available

**Grade**

- ☐ Grade I or 1  
☐ Grade II or 2  
☐ Grade III or 3  
☐ Grade IV or 4

**ADDITIONAL DESCRIPTORS**

**Lymphatic Vessel Invasion (L) and Venous Invasion (V)** have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.

- ☐ Lymph-Vascular Invasion Not Present (absent)/Not Identified  
☐ Lymph-Vascular Invasion Present/Identified  
☐ Not Applicable  
☐ Unknown/Indeterminate

**Residual Tumor (R)**

The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection.

- ☐ RX Presence of residual tumor cannot be assessed  
☐ R0 No residual tumor  
☐ R1 Microscopic residual tumor  
☐ R2 Macroscopic residual tumor

☐ Clinical stage was used in treatment planning (describe): \_\_\_\_\_

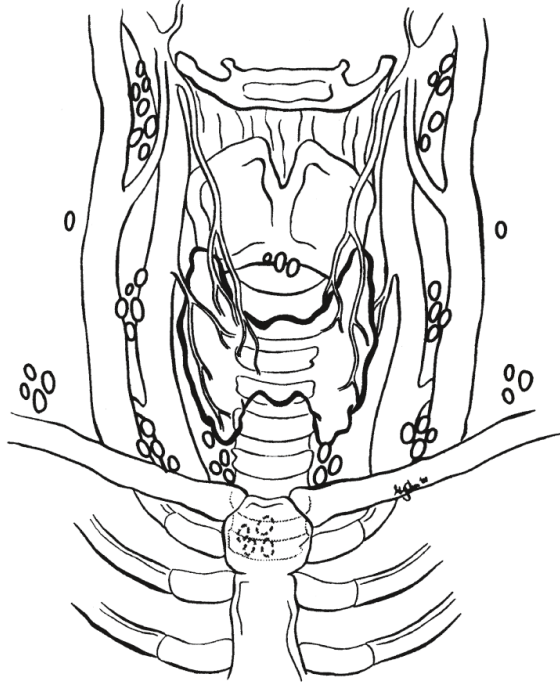
☐ National guidelines were used in treatment planning ☐ NCCN ☐ Other (describe): \_\_\_\_\_

## THYROID STAGING FORM

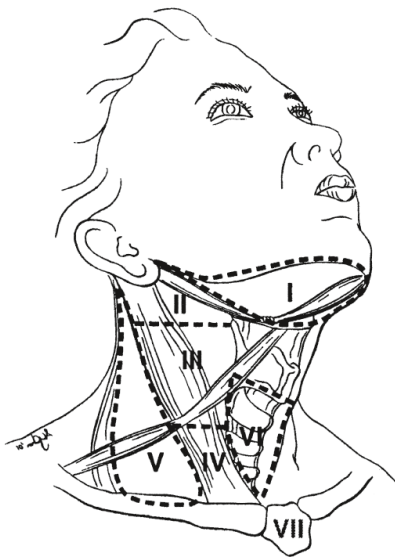
### Illustration

Indicate on diagram primary tumor and regional nodes involved.

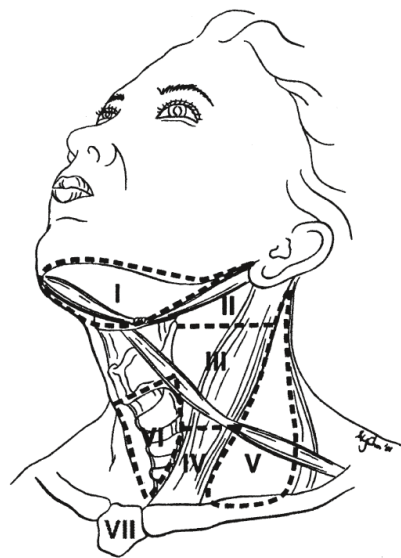
1.



2.



3.



Physician's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_