



# 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：\_\_\_\_\_

## APPENDIX STAGING FORM

| CLINICAL<br><i>Extent of disease before any treatment</i>                                                                                                                                                                                                                                                                                                                                                                                | STAGE CATEGORY DEFINITIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PATHOLOGIC<br><i>Extent of disease through completion of definitive surgery</i>                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> y clinical – staging completed after neoadjuvant therapy but before subsequent surgery                                                                                                                                                                                                                                                                                                                          | <div style="display: flex; justify-content: space-between;"> <div> <b>TUMOR SIZE:</b> _____         </div> <div> <b>LATERALITY:</b><br/> <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> bilateral         </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery                                                                                                                                                                                                                                                                                                                               |
| <div style="display: flex; flex-direction: column;"> <div style="margin-bottom: 10px;"> <input type="checkbox"/> TX<br/> <input type="checkbox"/> T0<br/> <input type="checkbox"/> Tis<br/> <input type="checkbox"/> T1<br/> <input type="checkbox"/> T2<br/> <input type="checkbox"/> T3<br/> <input type="checkbox"/> T4           </div> <div> <input type="checkbox"/> T4a<br/> <input type="checkbox"/> T4b           </div> </div> | <p style="text-align: center;"><b>PRIMARY TUMOR (T)</b></p> <p><b>Carcinoma</b><br/>           Primary tumor cannot be assessed<br/>           No evidence of primary tumor<br/>           Carcinoma <i>in situ</i>: intraepithelial or invasion of lamina propria*<br/>           Tumor invades submucosa<br/>           Tumor invades muscularis propria<br/>           Tumor invades through muscularis propria into subserosa or into mesoappendix<br/>           Tumor penetrates visceral peritoneum, including mucinous peritoneal tumor within the right lower quadrant and/or directly invades other organs or structures**, ***<br/>           Tumor penetrates visceral peritoneum, including mucinous peritoneal tumor within the right lower quadrant<br/>           Tumor directly invades other organs or structures</p> <p>* Tis includes cancer cells confined within the glandular basement membrane (intraepithelial) or lamina propria (intramucosal) with no extension through muscularis mucosae into submucosa.<br/>           ** Direct invasion in T4 includes invasion of other segments of the colorectum by way of the serosa, e.g., invasion of ileum.<br/>           *** Tumor that is adherent to other organs or structures, grossly, is classified cT4b. However, if no tumor is present in the adhesion, microscopically, the classification should be pT1-3 depending on the anatomical depth of wall invasion.</p> <p><b>Carcinoid</b><br/>           Primary tumor cannot be assessed<br/>           No evidence of primary tumor<br/>           Tumor 2 cm or less in greatest dimension<br/>           Tumor 1 cm or less in greatest dimension<br/>           Tumor more than 1 cm but not more than 2 cm<br/>           Tumor more than 2 cm but not more than 4 cm or with extension to the cecum<br/>           Tumor more than 4 cm or with extension to the ileum<br/>           Tumor directly invades other adjacent organs or structures, e.g., abdominal wall and skeletal muscle*</p> <p>* Tumor that is adherent to other organs or structures, grossly, is classified cT4. However, if no tumor is present in the adhesion, microscopically, the classification should be classified pT1-3 depending on the anatomical depth of wall invasion.</p> | <div style="display: flex; flex-direction: column;"> <div style="margin-bottom: 10px;"> <input type="checkbox"/> TX<br/> <input type="checkbox"/> T0<br/> <input type="checkbox"/> Tis<br/> <input type="checkbox"/> T1<br/> <input type="checkbox"/> T2<br/> <input type="checkbox"/> T3<br/> <input type="checkbox"/> T4           </div> <div> <input type="checkbox"/> T4a<br/> <input type="checkbox"/> T4b           </div> </div> |
| <div style="display: flex; flex-direction: column;"> <div style="margin-bottom: 10px;"> <input type="checkbox"/> NX<br/> <input type="checkbox"/> N0<br/> <input type="checkbox"/> N1<br/> <input type="checkbox"/> N2           </div> </div>                                                                                                                                                                                           | <p style="text-align: center;"><b>REGIONAL LYMPH NODES (N)</b></p> <p><b>Carcinoma</b><br/>           Regional lymph nodes cannot be assessed<br/>           No regional lymph node metastasis<br/>           Metastasis in 1 to 3 regional lymph nodes<br/>           Metastasis in 4 or more regional lymph nodes</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <div style="display: flex; flex-direction: column;"> <div style="margin-bottom: 10px;"> <input type="checkbox"/> NX<br/> <input type="checkbox"/> N0<br/> <input type="checkbox"/> N1<br/> <input type="checkbox"/> N2           </div> </div>                                                                                                                                                                                           |

## APPENDIX STAGING FORM

|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>N0</b><br><input type="checkbox"/> <b>N1</b>                                                                                                                                                               | <b>Carcinoid</b><br>No regional lymph node metastasis<br>Regional lymph node metastasis                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> <b>N0</b><br><input type="checkbox"/> <b>N1</b>                                                                                                                             |
| <input type="checkbox"/> <b>M0</b><br><input type="checkbox"/> <b>M1</b><br><input type="checkbox"/> <b>M1a</b><br><input type="checkbox"/> <b>M1b</b><br><br><input type="checkbox"/> <b>M0</b><br><input type="checkbox"/> <b>M1</b> | <p style="text-align: center;"><b>DISTANT METASTASIS (M)</b></p> <b>Carcinoma</b><br>No distant metastasis (no pathologic M0; use clinical M to complete stage group)<br>Distant metastasis<br>Intraperitoneal metastasis beyond the right lower quadrant, including<br>pseudomyxoma peritonei<br>Non-peritoneal metastasis<br><br><b>Carcinoid</b><br>No distant metastasis (no pathologic M0; use clinical M to complete stage group)<br>Distant metastasis | <input type="checkbox"/> <b>M1</b><br><input type="checkbox"/> <b>M1a</b><br><br><input type="checkbox"/> <b>M1b</b><br><br><input type="checkbox"/> <b>M0</b><br><input type="checkbox"/> <b>M1</b> |

### ANATOMIC STAGE • PROGNOSTIC GROUPS

| CLINICAL                               |          |          |          |              | PATHOLOGIC                             |          |          |          |              |
|----------------------------------------|----------|----------|----------|--------------|----------------------------------------|----------|----------|----------|--------------|
| <b>Carcinoma</b>                       | <b>T</b> | <b>N</b> | <b>M</b> | <b>Grade</b> | <b>Carcinoma</b>                       | <b>T</b> | <b>N</b> | <b>M</b> | <b>Grade</b> |
| <input type="checkbox"/> 0             | Tis      | N0       | M0       |              | <input type="checkbox"/> 0             | Tis      | N0       | M0       |              |
| <input type="checkbox"/> I             | T1       | N0       | M0       |              | <input type="checkbox"/> I             | T1       | N0       | M0       |              |
|                                        | T2       | N0       | M0       |              |                                        | T2       | N0       | M0       |              |
| <input type="checkbox"/> IIA           | T3       | N0       | M0       |              | <input type="checkbox"/> IIA           | T3       | N0       | M0       |              |
| <input type="checkbox"/> IIB           | T4a      | N0       | M0       |              | <input type="checkbox"/> IIB           | T4a      | N0       | M0       |              |
| <input type="checkbox"/> IIC           | T4b      | N0       | M0       |              | <input type="checkbox"/> IIC           | T4b      | N0       | M0       |              |
| <input type="checkbox"/> IIIA          | T1       | N1       | M0       |              | <input type="checkbox"/> IIIA          | T1       | N1       | M0       |              |
|                                        | T2       | N1       | M0       |              |                                        | T2       | N1       | M0       |              |
| <input type="checkbox"/> IIIB          | T3       | N1       | M0       |              | <input type="checkbox"/> IIIB          | T3       | N1       | M0       |              |
|                                        | T4       | N1       | M0       |              |                                        | T4       | N1       | M0       |              |
| <input type="checkbox"/> IIIC          | Any T    | N2       | M0       |              | <input type="checkbox"/> IIIC          | Any T    | N2       | M0       |              |
| <input type="checkbox"/> IVA           | Any T    | N0       | M1a      | G1           | <input type="checkbox"/> IVA           | Any T    | N0       | M1a      | G1           |
| <input type="checkbox"/> IVB           | Any T    | N0       | M1a      | G2, 3        | <input type="checkbox"/> IVB           | Any T    | N0       | M1a      | G2, 3        |
|                                        | Any T    | N1       | M1a      | Any G        |                                        | Any T    | N1       | M1a      | Any G        |
|                                        | Any T    | N2       | M1a      | Any G        |                                        | Any T    | N2       | M1a      | Any G        |
| <input type="checkbox"/> IVC           | Any T    | Any N    | M1b      | Any G        | <input type="checkbox"/> IVC           | Any T    | Any N    | M1b      | Any G        |
| <br>                                   |          |          |          |              | <br>                                   |          |          |          |              |
| <b>Carcinoid</b>                       | <b>T</b> | <b>N</b> | <b>M</b> |              | <b>Carcinoid</b>                       | <b>T</b> | <b>N</b> | <b>M</b> |              |
| <input type="checkbox"/> I             | T1       | N0       | M0       |              | <input type="checkbox"/> I             | T1       | N0       | M0       |              |
| <input type="checkbox"/> II            | T2, T3   | N0       | M0       |              | <input type="checkbox"/> II            | T2, T3   | N0       | M0       |              |
| <input type="checkbox"/> III           | T4       | N0       | M0       |              | <input type="checkbox"/> III           | T4       | N0       | M0       |              |
|                                        | Any T    | N1       | M0       |              |                                        | Any T    | N1       | M0       |              |
| <input type="checkbox"/> IV            | Any T    | Any N    | M1       |              | <input type="checkbox"/> IV            | Any T    | Any N    | M1       |              |
| <input type="checkbox"/> Stage unknown |          |          |          |              | <input type="checkbox"/> Stage unknown |          |          |          |              |



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APPENDIX STAGING FORM

PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**Carcinoma**

**REQUIRED FOR STAGING:** Grade

**CLINICALLY SIGNIFICANT:**

- Preoperative/Pretreatment carcinoembryonic antigen (CEA)
- Preoperative/Pretreatment CA 19-9
- Tumor Deposits (TD)
- Microsatellite instability (MSI)
- 18q Loss of Heterozygosity (LOH)

**Carcinoid**

**REQUIRED FOR STAGING:** None

**CLINICALLY SIGNIFICANT:**

- Serum Chromogranin A

**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

**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.

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

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

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