



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：_____

CORPUS UTERI SARCOMA STAGING FORM
(Carcinosarcomas should be staged as carcinomas)

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	TUMOR SIZE: _____	LATERALITY: <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
TNM CATEGORY FIGO STAGE	PRIMARY TUMOR (T)		TNM CATEGORY FIGO STAGE
	<i>Leiomyosarcoma, Endometrial Stromal Sarcoma</i> <input type="checkbox"/> TX Primary tumor cannot be assessed <input type="checkbox"/> T0 No evidence of primary tumor <input type="checkbox"/> T1 Tumor limited to the uterus <input type="checkbox"/> T1a I Tumor 5 cm or less in greatest dimension <input type="checkbox"/> T1b IA Tumor more than 5 cm <input type="checkbox"/> T2 II Tumor extends beyond the uterus, within the pelvis <input type="checkbox"/> T2a IIA Tumor involves adnexa <input type="checkbox"/> T2b IIB Tumor involves other pelvic tissues <input type="checkbox"/> T3 III* Tumor infiltrates abdominal tissues <input type="checkbox"/> T3a IIIA One site <input type="checkbox"/> T3b IIIB More than one site <input type="checkbox"/> T4 IVA Tumor invades bladder or rectum <i>Adenosarcoma</i> <input type="checkbox"/> TX Primary tumor cannot be assessed <input type="checkbox"/> T0 No evidence of primary tumor <input type="checkbox"/> T1 Tumor limited to the uterus <input type="checkbox"/> T1a IA Tumor limited to the endometrium/endocervix <input type="checkbox"/> T1b IB Tumor invades to less than half of the myometrium <input type="checkbox"/> T1c IC Tumor invades more than half of the myometrium <input type="checkbox"/> T2 II Tumor extends beyond the uterus, within the pelvis <input type="checkbox"/> T2a IIA Tumor involves adnexa <input type="checkbox"/> T2b IIB Tumor involves other pelvic tissues <input type="checkbox"/> T3 III* Tumor involves abdominal tissues <input type="checkbox"/> T3a IIIA One site <input type="checkbox"/> T3b IIIB More than one site <input type="checkbox"/> T4 IVA Tumor invades bladder or rectum <i>Note:</i> Simultaneous tumors of the uterine corpus and ovary/pelvis in association with ovarian/pelvic endometriosis should be classified as independent primary tumors. * In this stage, lesions must infiltrate abdominal tissues and not just protrude into the abdominal cavity.		<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> T1 I <input type="checkbox"/> T1a IA <input type="checkbox"/> T1b IB <input type="checkbox"/> T2 II <input type="checkbox"/> T2a IIA <input type="checkbox"/> T2b IIB <input type="checkbox"/> T3 III* <input type="checkbox"/> T3a IIIA <input type="checkbox"/> T3b IIIB <input type="checkbox"/> T4 IVA
TNM CATEGORY FIGO STAGE	REGIONAL LYMPH NODES (N)		TNM CATEGORY FIGO STAGE
	<input type="checkbox"/> NX Regional lymph nodes cannot be assessed <input type="checkbox"/> N0 No regional lymph node metastasis <input type="checkbox"/> N1 IIC Regional lymph node metastasis		<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 IIC

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TNM CATEGORY <input type="checkbox"/> M0 <input type="checkbox"/> M1	FIGO STAGE IVB	DISTANT METASTASIS (M) No distant metastasis (no pathologic M0; use clinical M to complete stage group) Distant metastasis (excluding adnexa, pelvic, and abdominal tissue)	TNM CATEGORY <input type="checkbox"/> M1	FIGO STAGE IVB
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ANATOMIC STAGE • PROGNOSTIC GROUPS							
CLINICAL				PATHOLOGIC			
GROUP	T	N	M	GROUP	T	N	M
<input type="checkbox"/> I	T1	N0	M0	<input type="checkbox"/> I	T1	N0	M0
<input type="checkbox"/> IA*	T1a	N0	M0	<input type="checkbox"/> IA*	T1a	N0	M0
<input type="checkbox"/> IB*	T1b	N0	M0	<input type="checkbox"/> IB*	T1b	N0	M0
<input type="checkbox"/> IC**	T1c	N0	M0	<input type="checkbox"/> IC**	T1c	N0	M0
<input type="checkbox"/> II	T2	N0	M0	<input type="checkbox"/> II	T2	N0	M0
<input type="checkbox"/> IIIA	T3a	N0	M0	<input type="checkbox"/> IIIA	T3a	N0	M0
<input type="checkbox"/> IIIB	T3b	N0	M0	<input type="checkbox"/> IIIB	T3b	N0	M0
<input type="checkbox"/> IIIC	T1-3	N1	M0	<input type="checkbox"/> IIIC	T1-3	N1	M0
<input type="checkbox"/> IVA	T4	Any N	M0	<input type="checkbox"/> IVA	T4	Any N	M0
<input type="checkbox"/> IVB	Any T	Any N	M1	<input type="checkbox"/> IVB	Any T	Any N	M1
*Note: Stages IA and IB differ from those applied for leiomyosarcoma and endometrial stromal sarcoma. **Note: Stage IC does not apply for leiomyosarcoma and endometrial stromal sarcoma. <input type="checkbox"/> Stage unknown				*Note: Stages IA and IB differ from those applied for leiomyosarcoma and endometrial stromal sarcoma. **Note: Stage IC does not apply for leiomyosarcoma and endometrial stromal sarcoma. <input type="checkbox"/> Stage unknown			

<p style="text-align: center;">PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)</p> <p>REQUIRED FOR STAGING: None</p> <p>CLINICALLY SIGNIFICANT:</p> <p>FIGO Stage: _____</p> <p>Peritoneal cytology results: _____</p> <p>Pelvic nodal dissection with number of nodes positive/examined: _____</p> <p>Para-aortic nodal dissection with number of nodes positive/examined: _____</p> <p>Percentage of non-endometrioid cell type in mixed histology tumors: _____</p> <p>Omentectomy performed: _____</p> <p>Histologic Grade (G) (also known as overall grade)</p> <table style="width: 100%;"> <tr> <th style="text-align: left;">Grading system</th> <th style="text-align: left;">Grade</th> </tr> <tr> <td><input type="checkbox"/> 2 grade system</td> <td><input type="checkbox"/> Grade I or 1</td> </tr> <tr> <td><input type="checkbox"/> 3 grade system</td> <td><input type="checkbox"/> Grade II or 2</td> </tr> <tr> <td><input type="checkbox"/> 4 grade system</td> <td><input type="checkbox"/> Grade III or 3</td> </tr> <tr> <td><input type="checkbox"/> No 2, 3, or 4 grade system is available</td> <td><input type="checkbox"/> Grade IV or 4</td> </tr> </table>	Grading system	Grade	<input type="checkbox"/> 2 grade system	<input type="checkbox"/> Grade I or 1	<input type="checkbox"/> 3 grade system	<input type="checkbox"/> Grade II or 2	<input type="checkbox"/> 4 grade system	<input type="checkbox"/> Grade III or 3	<input type="checkbox"/> No 2, 3, or 4 grade system is available	<input type="checkbox"/> Grade IV or 4	<p>General Notes:</p> <p>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.</p> <p>m suffix indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.</p> <p>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.</p>
Grading system	Grade										
<input type="checkbox"/> 2 grade system	<input type="checkbox"/> Grade I or 1										
<input type="checkbox"/> 3 grade system	<input type="checkbox"/> Grade II or 2										
<input type="checkbox"/> 4 grade system	<input type="checkbox"/> Grade III or 3										
<input type="checkbox"/> No 2, 3, or 4 grade system is available	<input type="checkbox"/> Grade IV or 4										



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Endometrioid adenocarcinomas should be graded according to the degree of differentiation of the adenocarcinoma as follows:

- ☐ G1 5% or less of a non-squamous or non-morular solid growth pattern
- ☐ G2 6% to 50% of a non-squamous or non-morular solid growth pattern
- ☐ G3 More than 50% of a non-squamous or non-morular solid growth pattern

Notes on Pathologic Grading

1. Notable nuclear atypia, inappropriate for the architectural grade, raises the grade by one.
2. Serous, clear cell, and mixed mesodermal tumors are Grade 3.

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 (continued):

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): _____

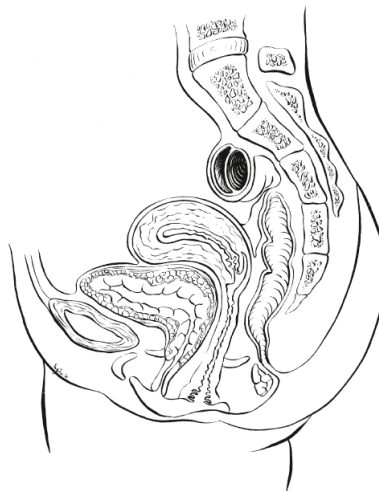
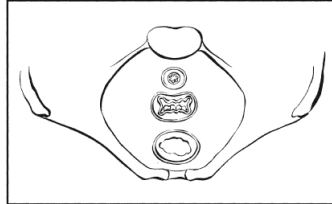
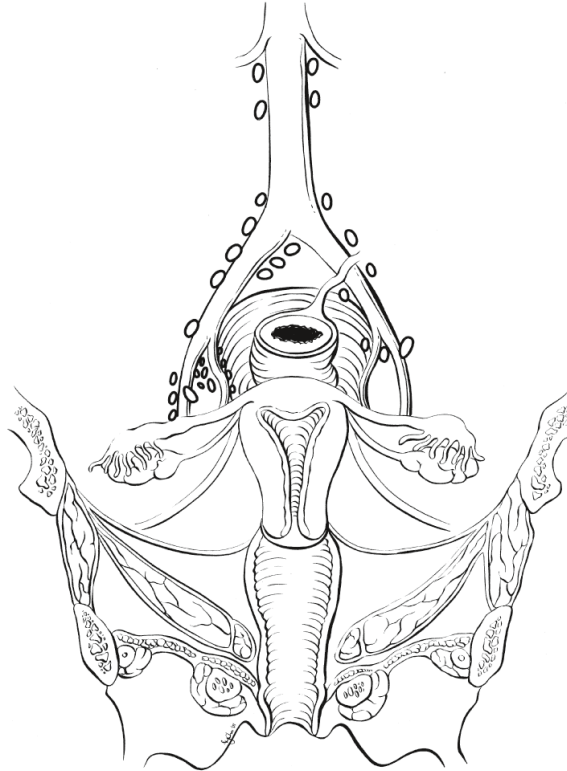
☐ National guidelines were used in treatment planning ☐ NCCN ☐ Other (describe): _____

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Illustration

Indicate on diagram primary tumor and regional nodes involved.



Physician's Signature _____ Date ____/____/____