CORPUS UTERI

Hospital Name/Address	Patient Name/Information

Type of Specimen _____ Histopathologic Type _____

Tumor Size _____

DEFINITIONS

Primary Tumor (T)

FIGO recommends surgical/pathologic staging. Clinical staging is done with 1971 FIGO as follows:

Clinical	*TNM*	*FIGO*	*Definitions*
☐	(c)Tis	0	Carcinoma *in situ*. Histological findings suspicious of malignancy
☐	(c)T1	I	Carcinoma is confined to the corpus including the isthmus
☐	(c)T1a	IA	Length of the uterine cavity is 8 cm or less
☐	(c)T1b	IB	Length of the uterine cavity is more than 8 cm

Stage I cases should be subgrouped with regard to the histological type of the adenocarcinoma as follows:

☐	G1		Highly differentiated adenomatous carcinoma
☐	G2		Moderately differentiated adenomatous carcinoma with partly solid areas
☐	G3		Predominately solid or entirely undifferentiated carcinoma
☐	(c)T2	II	Carcinoma has involved the corpus and the cervix, but has not extended outside the uterus
☐	(c)T3	III	Carcinoma has extended outside the uterus, but not outside the true pelvis
☐	(c)T4	IV	Carcinoma has extended outside the true pelvis or has obviously involved the mucosa of the bladder or rectum (Bullous edema as such does not permit a case to be allotted to stage IV)
☐	(c)T4a	IVA	Spread of the growth to adjacent organs as urinary bladder, rectum, sigmoid colon, or small bowel

Stage 0 cases should not be included in any therapeutic statistics.

Primary Tumor (T)

Pathologic	*TNM*	*FIGO*	*Definitions*
☐	TX		Primary tumor cannot be assessed
☐	T0		No evidence of primary tumor
☐	Tis	0	Carcinoma *in situ*
☐	T1	I	Tumor confined to corpus uteri
☐	T1a	IA	Tumor limited to endometrium
☐	T1b	IB	Tumor invades less than one-half of the myometrium
☐	T1c	IC	Tumor invades one-half or more of the myometrium
☐	T2	II	Tumor invades cervix but does not extend beyond uterus
☐	T2a	IIA	Tumor limited to the glandular epithelium of the endocervix. There is no evidence of connective tissue stromal invasion
☐	T2b	IIB	Invasion of the stromal connective tissue of the cervix
☐	T3	III	Local and/or regional spread as defined below
☐	T3a	IIIA	Tumor involves serosa and/or adnexa (direct extension or metastasis) and/or cancer cells in ascites or peritoneal washings
☐	T3b	IIIB	Vaginal involvement (direct extension or metastasis)
☐	T4	IVA	Tumor invades bladder mucosa and/or bowel mucosa (bullous edema is not sufficient evidence to classify a tumor as T4)

Regional Lymph Nodes (N)

Clinical	*Pathologic*			
☐	☐	NX		Regional lymph nodes cannot be assessed
☐	☐	N0		No regional lymph node metastasis
☐	☐	N1	IIIC	Regional lymph node metastases to pelvic and/or para-aortic lymph nodes

Distant Metastasis (M)

☐	☐	MX		Distant metastasis cannot be assessed
☐	☐	M0		No distant metastasis
☐	☐	M1	IVB	Distant metastasis includes metastasis to intra-abdominal lymph nodes other than para-aortic, and/or inguinal lymph nodes; excludes metastasis to vagina, pelvic serosa, or adnexa

Biopsy of metastatic site performed ..... ☐ Y ..... ☐ N

Source of pathologic metastatic specimen _____ *(continued on reverse side)*

Clinical	Pathologic	Stage Grouping (AJCC/UICC/FIGO)			
☐	☐	0	Tis	N0	M0
☐	☐	I	T1	N0	M0
☐	☐	IA	T1a	N0	M0
☐	☐	IB	T1b	N0	M0
☐	☐	IC	T1c	N0	M0
☐	☐	II	T2	N0	M0
☐	☐	IIA	T2a	N0	M0
☐	☐	IIB	T2b	N0	M0
☐	☐	III	T3	N0	M0
☐	☐	IIIA	T3a	N	M0
☐	☐	IIIB	T3b	N0	M0
☐	☐	IIIC	T1	N1	M0
			T2	N1	M0
			T3	N1	M0
☐	☐	IVA	T4	Any N	M0
☐	☐	IVB	Any T	Any N	M1

Histologic Grade (G)

☐ GX Grade cannot be assessed
☐ G1 Well differentiated
☐ G2 Moderately differentiated
☐ G3-G4 Poorly differentiated or undifferentiated

Histopathology—Degree of Differentiation

Cases of carcinoma of the corpus should be grouped with regard 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

Residual Tumor (R)

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

Additional Descriptors

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.

Prognostic Indicators (if applicable)

Notes

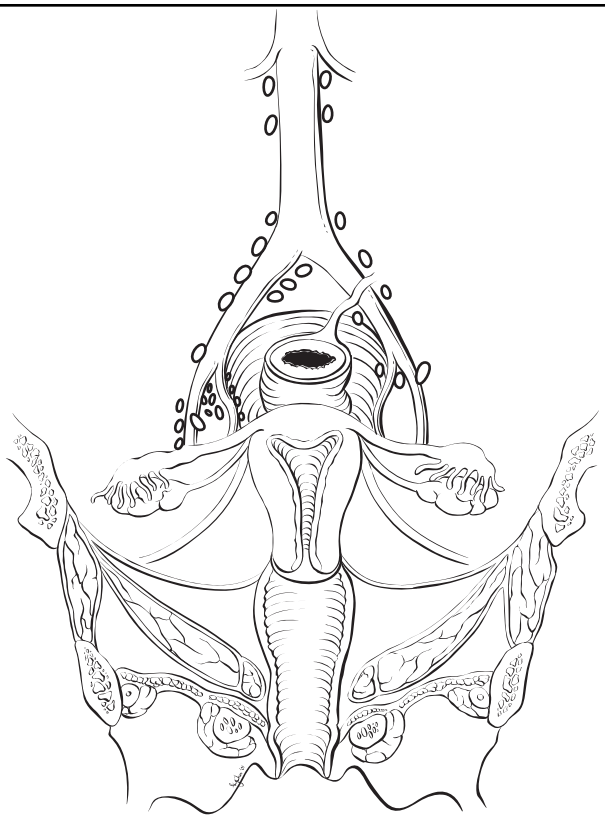
Additional Descriptors

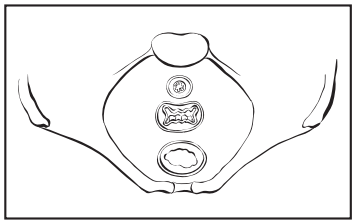
Lymphatic Vessel Invasion (L)
LX Lymphatic vessel invasion cannot be assessed
L0 No lymphatic vessel invasion
L1 Lymphatic vessel invasion

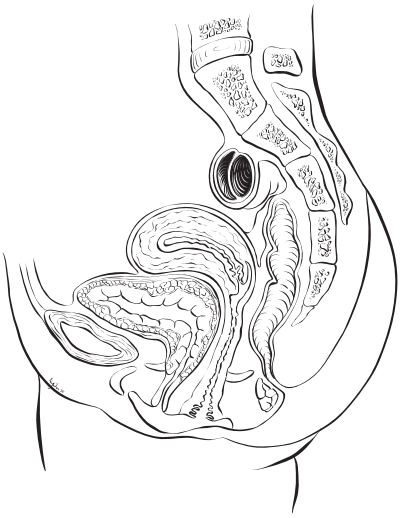
Venous Invasion (V)
VX Venous invasion cannot be assessed
V0 No venous invasion
V1 Microscopic venous invasion
V2 Macroscopic venous invasion

ILLUSTRATION

Indicate on diagram primary tumor and regional nodes involved.







Physician's Signature _____ Date_____