

OVARY

Hospital Name/Address

Patient Name/Information

Type of Specimen _____

Histopathologic Type _____

Tumor Size _____

Laterality: ☐ Bilateral ☐ Left ☐ Right

DEFINITIONS

		Primary Tumor (T)		<i>Definitions</i>
<i>Clinical</i>	<i>Pathologic</i>	<i>TNM</i>	<i>FIGO</i>	
		<i>Categories</i>	<i>Stages</i>	
<input type="checkbox"/>	<input type="checkbox"/>	TX		Primary tumor cannot be assessed
<input type="checkbox"/>	<input type="checkbox"/>	T0		No evidence of primary tumor
<input type="checkbox"/>	<input type="checkbox"/>	T1	I	Tumor limited to ovaries (one or both)
<input type="checkbox"/>	<input type="checkbox"/>	T1a	IA	Tumor limited to one ovary; capsule intact, no tumor on ovarian surface. No malignant cells in ascites or peritoneal washings ⁽¹⁾
<input type="checkbox"/>	<input type="checkbox"/>	T1b	IB	Tumor limited to both ovaries; capsule intact, no tumor on ovarian surface. No malignant cells in ascites or peritoneal washings ⁽¹⁾
<input type="checkbox"/>	<input type="checkbox"/>	T1c	IC	Tumor limited to one or both ovaries with any of the following: capsule ruptured, tumor on ovarian surface, malignant cells in ascites or peritoneal washings
<input type="checkbox"/>	<input type="checkbox"/>	T2	II	Tumor involves one or both ovaries with pelvic extension
<input type="checkbox"/>	<input type="checkbox"/>	T2a	IIA	Extension and/or implants on uterus and/or tube(s). No malignant cells in ascites or peritoneal washings
<input type="checkbox"/>	<input type="checkbox"/>	T2b	IIB	Extension to and/or implants on other pelvic tissues. No malignant cells in ascites or peritoneal washings
<input type="checkbox"/>	<input type="checkbox"/>	T2c	IIC	Pelvic extension and/or implants (T2a or T2b) with malignant cells in ascites or peritoneal washings
<input type="checkbox"/>	<input type="checkbox"/>	T3	III	Tumor involves one or both ovaries with microscopically confirmed peritoneal metastasis outside the pelvis ⁽²⁾
<input type="checkbox"/>	<input type="checkbox"/>	T3a	IIIA	Microscopic peritoneal metastasis beyond pelvis (no macroscopic tumor) ⁽²⁾
<input type="checkbox"/>	<input type="checkbox"/>	T3b	IIIB	Macroscopic peritoneal metastasis beyond pelvis 2 cm or less in greatest dimension ⁽²⁾
<input type="checkbox"/>	<input type="checkbox"/>	T3c	IIIC	Peritoneal metastasis beyond pelvis more than 2 cm in greatest dimension and/or regional lymph node metastasis ⁽²⁾

Regional Lymph Nodes (N)

<input type="checkbox"/>	<input type="checkbox"/>	NX		Regional lymph nodes cannot be assessed
<input type="checkbox"/>	<input type="checkbox"/>	N0		No regional lymph node metastasis
<input type="checkbox"/>	<input type="checkbox"/>	N1	IIIC	Regional lymph node metastasis

Distant Metastasis (M)

<input type="checkbox"/>	<input type="checkbox"/>	MX		Distant metastasis cannot be assessed
<input type="checkbox"/>	<input type="checkbox"/>	M0		No distant metastasis
<input type="checkbox"/>	<input type="checkbox"/>	M1	IV	Distant metastasis (excludes peritoneal metastasis) ⁽²⁾
Biopsy of metastatic site performed <input type="checkbox"/> Y <input type="checkbox"/> N				
Source of pathologic metastatic specimen _____				

Notes

1. The presence of non-malignant ascites is not classified. The presence of ascites does not affect staging unless malignant cells are present.

2. Liver capsule metastasis T3/III, liver parenchymal metastasis M1/Stage IV. Pleural effusion must have positive cytology for M1/Stage IV.

(continued on reverse side)

<i>Clinical</i>	<i>Pathologic</i>	Stage Grouping (AJCC/UICC/FIGO)				Notes
<input type="checkbox"/>	<input type="checkbox"/>	I	T1	N0	M0	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
<input type="checkbox"/>	<input type="checkbox"/>	IA	T1a	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>	IB	T1b	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>	IC	T1c	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>	II	T2	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>	IIA	T2a	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>	IIB	T2b	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>	IIC	T2c	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>	III	T3	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>	IIIA	T3a	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>	IIIB	T3b	N0	M0	
<input type="checkbox"/>	<input type="checkbox"/>	IIIC	T3c	N0	M0	
			Any T	N1	M0	
<input type="checkbox"/>	<input type="checkbox"/>	IV	Any T	Any N	M1	

Histologic Grade (G)

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

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.

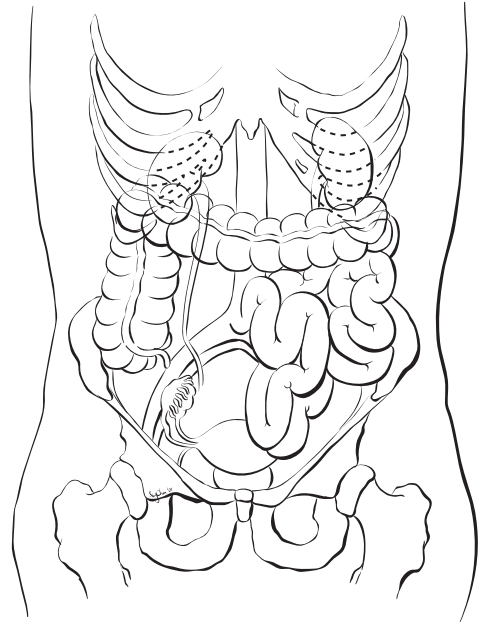
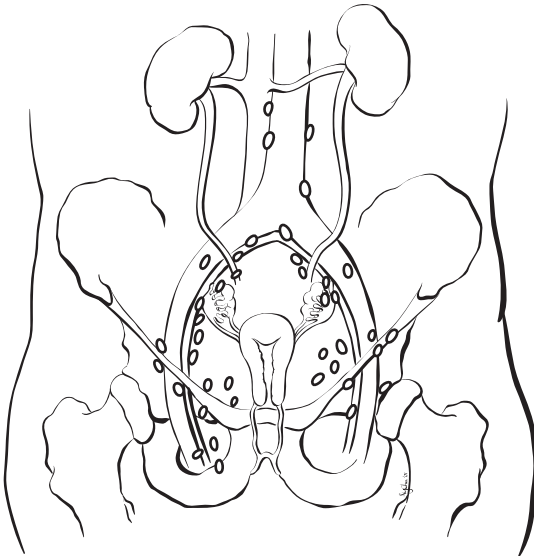
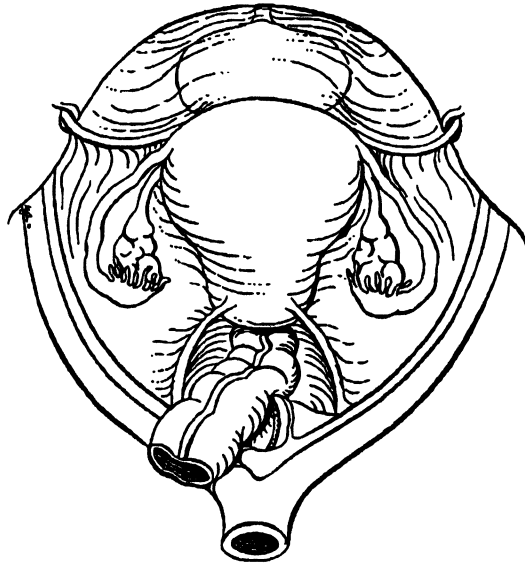
- ☐ **m suffix** indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.
- ☐ **y prefix** indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a “y” 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)

OVARY

ILLUSTRATION

Indicate on diagram primary tumor and regional nodes involved.



Physician's Signature _____ Date _____