			TH	YR	DID				
	Н	ospital Na	nme/Address			Patient Name	/Informa	ation	
Type of Specimen				_ Histopathologic Type					
Tumor Siz	ze			_	Laterality:	\square Bilateral	□ I	Left	\square Right
		DEFINI	ITIONS						
Clinical	Pathologic	Primary _ TX _ T0 _ T1	y Tumor (T) Primary tumor cannot be a No evidence of primary tu Tumor 2 cm or less in grea	mor		iited to the thyro		divided: (ttegories may be sub- (a) solitary tumor, (b) al tumor (the larges) es the classification)
		_ T2 _ T3	Tumor more than 2 cm bu sion limited to the thyroid Tumor more than 4 cm in or any tumor with minima	t not great	more than 4	cm in greatest d	imen- thyroid		
		_ T4a	to sternothyroid muscle or Tumor of any size extendir subcutaneous soft tissues, l	perit g bey	thyroid soft ti	ssues) oid capsule to in	nvade		
		_ T4b	laryngeal nerve Tumor invades prevertebra astinal vessels	l fasc	ia or encases	carotid artery o	r medi-		
		<i>All ana_.</i> _ T4a _ T4b	plastic carcinomas are conside Intrathyroidal anaplastic ca Extrathyroidal anaplastic c	rcino	oma – surgica		}		
		Regiona	al Lymph Nodes (N) al lymph nodes are the central tinal lymph nodes. Regional lymph nodes can No regional lymph node m Regional lymph node meta Metastasis to Level VI (pred Delphian lymph nodes) Metastasis to unilateral, bil or mediastinal lymph node	not b etast stasis rach atera	e assessed asis s eal, paratrach	eal, and prelaryı	ngeal/		
		Distant _ MX _ M0 _ M1	Metastasis (M) Distant metastasis cannot le No distant metastasis Distant metastasis Biopsy of metastatic site per Source of pathologic metastasis	erforr	ned □Y	□N			

(continued on reverse side)

THYROID (continued)

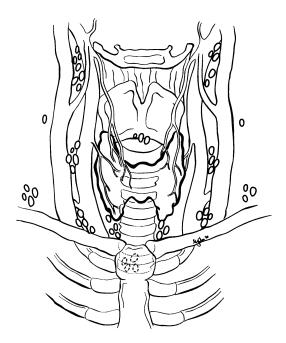
Stage Grouping Separate stage groupings are recommended for papillary or follicular, medullary, and anaplastic (undifferentiated) carcinoma. **Papillary or Follicular** Clinical Pathologic Under 45 years Clinical Pathologic Medullary Carcinoma Any T Any N M0 T1 M0II Any T Any N M1 II T2 N₀ M₀ Т3 N₀ M₀ **Papillary or Follicular** T1 N1a III M045 years and older T2 N1a M0T1 N₀ M0 T3 N1a M0T2 N₀ II M0 IVA T4a N0 M₀ III T3 N₀ M0T4a N1a M0T1 N1a M0 T1 N₁b M0T2 N1a M0 T2 N₁b M0T3 N₁a M₀ Т3 N₁b M₀ IVA T4a N₀ M0T4a N₁b M₀ T4a N1a M0**IVB** T4b Any N M0T1N₁b M0**IVC** Any T Any N M1 T2 N₁b M0 T3 N₁b M₀ **Anaplastic Carcinoma** T4a N₁b M₀ **IVA** T4a Any N M0 **IVB** T4b Any N M0 **IVB** T4b Any N M0Any T Any T **IVC** Any N M1**IVC** Any N M1 Residual Tumor (R) **Notes** \square RX Presence of residual tumor cannot be assessed **Additional Descriptors** \square R0 No residual tumor Lymphatic Vessel Invasion (L) □ R1 Microscopic residual tumor LX Lymphatic vessel invasion \square R2 Macroscopic residual tumor cannot be assessed L0 No lymphatic vessel inva-**Additional Descriptors** sion For identification of special cases of TNM or pTNM classifications, the "m" suffix L1 Lymphatic vessel invasion and "y," "r," and "a" prefixes are used. Although they do not affect the stage Venous Invasion (V) grouping, they indicate cases needing separate analysis. VX Venous invasion cannot be m suffix indicates the presence of multiple primary tumors in a single site and is assessed V0 No venous invasion recorded in parentheses: pT(m)NM. V1 Microscopic venous invay prefix indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a V2 Macroscopic venous inva-"y" prefix. The ycTNM or ypTNM categorizes the extent of tumor actually present sion 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)

THYROID (continued)

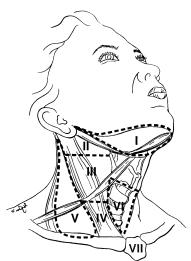
ILLUSTRATION

Indicate on diagram primary tumor and regional nodes involved.

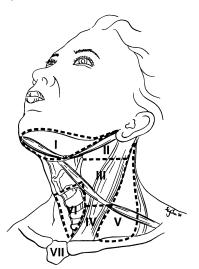
1.



2.



3.



Physician's Signature

Date_