CLINICAL Extent of disease before any treatment		STAGE CATEGORY DEFINITIONS			PATHOLOGIC Extent of disease through completion of definitive surgery	
after neoadji	taging completed uvant therapy but equent surgery				y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery	
TNM CATEGORY	FIGO STAGE	PRIMARY TU	PRIMARY TUMOR (T)			
□ TX □ T0 □ T1 □ T1a	I IA	Primary tumor cannot be assessed No evidence of primary tumor Tumor limited to ovaries (one or both) Tumor limited to one ovary; capsule intac malignant cells in ascites or peritoneal wa	□ TX □ T0 □ T1 □ T1a	I IA		
☐ T1b	IB	Tumor limited to both ovaries; capsules int malignant cells in ascites or peritoneal wa	☐ T1b	IB		
☐ T1c	IC	Tumor limited to one or both ovaries with a tumor on ovarian surface, malignant cells	☐ T1c	IC		
□ T2 □ T2a	II IIA	Tumor involves one or both ovaries with pe Extension and/or implants on uterus an ascites or peritoneal washings	☐ T2 ☐ T2a	II IIA		
☐ T2b	IIB	Extension to and/or implants on other p ascites or peritoneal washings	☐ T2b	IIB		
☐ T2c	IIC	Pelvic extension and/or implants (T2a or T peritoneal washings	☐ T2c	IIC		
□ T3	III	Tumor involves one or both ovaries with n metastasis outside the pelvis	□ T3	III		
☐ T3a ☐ T3b	IIIA IIIB	Microscopic peritoneal metastasis beyond Macroscopic peritoneal metastasis beyond dimension	☐ T3a ☐ T3b	IIIA IIIB		
☐ T3c	IIIC	Peritoneal metastasis beyond pelvis mo and/or regional lymph node metastasis	☐ T3c	IIIC		
		Note: Liver capsule metastasis T3/Stage III; liv Pleural effusion must have positive cytology for				
TNM CATEGORY				TNM	FIGO	
NX NO N1	IIIC	Regional lymph nodes cannot be assessed No regional lymph node metastasis Regional lymph node metastasis	CATEGORY  NX N0 N1	STAGE		
TNM CATEGORY	FIGO STAGE	DISTANT METASTASIS (M)			FIGO STAGE	
□ M0 □ M1	IV	No distant metastasis (no pathologic M0; use clinical M to complete stage group)  Distant metastasis (excludes peritoneal metastasis)			0 1 IV	
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			ANATOMIC	STAGE · P	ROGN	IOSTIC	GROUPS		
		CLINICAL						PATH	IOLOGIC
GROUP	T	N	M		GI	ROUP	T	N	M
	T1	N0	MO			1	T1	N0	MO
☐ IA	T1a	N0	MO			IA	T1a	N0	
☐ IB	T1b	N0	MO			IB	T1b	N0	MO
	T1c T2	N0 N0	M0 M0			IC II	T1c T2	N0 N0	M0 M0
□ IIA	T2a	NO NO	M0			IIA	T2a	NO NO	M0
☐ IIB	T2b	N0	MO			IIB	T2b	N0	MO
☐ IIC	T2c	N0	MO			IIC	T2c	N0	MO
	T3	N0	MO			III	T3	N0	MO
☐ IIIA	T3a	NO NO	MO			IIIA	T3a	N0	MO
☐ IIIB☐ IIIC	T3b T3c	N0 N0	M0 M0			IIIB IIIC	T3b T3c	N0 N0	
	Any T	N1	M0		_	IIIC	Any T	N1	M0
□ IV	Any T	Any N	M1			IV	Any T	Any	
☐ Stage un	ıknown					Stage unl	known		
	F	PROGNOSTIC	FACTORS (SIT	F-SPECIFIC FA	CTOF	(S)			General Notes:
REQUIRED	FOR STAGIN		1701010101	2 01 2011 10 171	0.0.	,			For identification of special cases of
	Y SIGNIFICA								TNM or pTNM classifications, the "m"
FIGO sta		•							suffix and "y," "r," and "a" prefixes are used. Although they do not affect the
		after primary cv	to-reductive sur	gerv: (ı	oreser	it, absent,	unknown, "	v"	stage grouping, they indicate cases
			apy prior to surg	"		,	,	•	needing separate analysis.
			cyto-reductive s			oss, ≤1 ci	m, >1 cm,		m suffix indicates the presence of
			ed chemotherapy		<b>'</b> )				multiple primary tumors in a single
Residual			mary cyto-reduct			A			site and is recorded in parentheses: pT(m)NM.
Malianan	("y" ir it ascites volu		t received chemo	otnerapy prior to	surge	ry)			y prefix indicates those cases in
ivialignan	ii asoiles voiu								which classification is performed
Histologic (	Grade (G) (als	o known as ove	rall grade)						during or following initial multimodality therapy. The cTNM or pTNM
	ng system	o known as ove		irade					category is identified by a "y" prefix.
	le system			Grade I or 1					The ycTNM or ypTNM categorizes
☐ 3 grad	le system	Crede Han O				the extent of tumor actually present at			
	le system		Grade III or 3					the time of that examination. The "y" categorization is not an estimate of	
	-	evetom ie avai		_					tumor prior to multimodality therapy.
No 2, 3, or 4 grade system is available Grade IV or 4						r prefix indicates a recurrent tumor			
-	DESCRIPTOR								when staged after a disease-free
	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 prefix: rTNM.						interval and is identified by the "r" prefix: rTNM.		
									·
	should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.  a prefix designates the stage determined at autopsy: aTNM.						determined at autopsy: aTNM.		
☐ Lymph-Vascular Invasion Not Present (absent)/Not Identified ☐ Lymph-Vascular Invasion Present/Identified									
□ Not Applicable									
☐ Unknown/Indeterminate									
HOSPITAL N	NAME/ADDR	ESS			Рат	IENT NAM	ME/INFORM	ATION	I

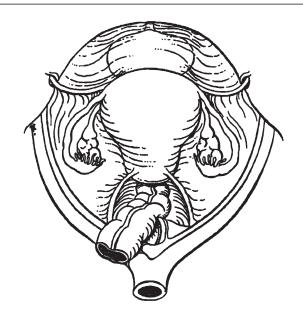
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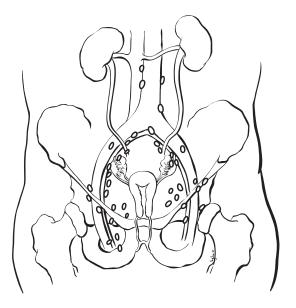
Residual Tumor (R)  The absence or presence of residual tumor after treatment. In some case with neoadjuvant therapy there will be residual tumor at the primary site a incomplete resection or local and regional disease that extends beyond to RX Presence of residual tumor cannot be assessed R0 No residual tumor R1 Microscopic residual tumor R2 Macroscopic residual tumor	after treatment because of	General Notes (continued): 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 signature	Date/	<del></del>
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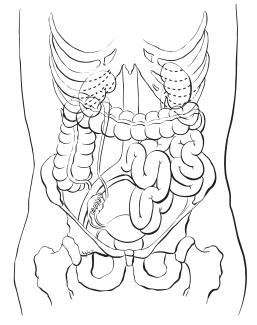
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#### Illustration

Indicate on diagram primary tumor and regional nodes involved.







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