

## CORPUS UTERI CARCINOMA 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	<b>TUMOR SIZE:</b> _____	<b>LATERALITY:</b> <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
<b>TNM CATEGORY</b> <b>FIGO STAGE</b>  <input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis        * <input type="checkbox"/> T1        I <input type="checkbox"/> T1a      IA  <input type="checkbox"/> T1b      IB <input type="checkbox"/> T2        II  <input type="checkbox"/> T3a      IIIA <input type="checkbox"/> T3b      IIIB  <input type="checkbox"/> T4        IVA	<b>PRIMARY TUMOR (T)</b>  Primary tumor cannot be assessed No evidence of primary tumor Carcinoma <i>in situ</i> (preinvasive carcinoma) Tumor confined to corpus uteri Tumor limited to endometrium or invades less than one-half of the myometrium Tumor invades one-half or more of the myometrium Tumor invades stromal connective tissue of the cervix but does not extend beyond uterus** Tumor involves serosa and/or adnexa (direct extension or metastasis) Vaginal involvement (direct extension or metastasis) or parametrial involvement Tumor invades bladder mucosa and/or bowel mucosa (bullous edema is not sufficient to classify a tumor as T4)  * FIGO staging no longer includes Stage 0 (Tis) ** Endocervical glandular involvement only should be considered as stage I and not Stage II.		<b>TNM CATEGORY</b> <b>FIGO STAGE</b>  <input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis        * <input type="checkbox"/> T1        I <input type="checkbox"/> T1a      IA  <input type="checkbox"/> T1b      IB <input type="checkbox"/> T2        II  <input type="checkbox"/> T3a      IIIA <input type="checkbox"/> T3b      IIIB  <input type="checkbox"/> T4        IVA
<b>TNM CATEGORY</b> <b>FIGO STAGE</b>  <input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1        IIIC1 <input type="checkbox"/> N2        IIIC2	<b>REGIONAL LYMPH NODES (N)</b>  Regional lymph nodes cannot be assessed No regional lymph node metastasis Regional lymph node metastasis to pelvic lymph nodes Regional lymph node metastasis to para-aortic lymph nodes, with or without positive pelvic lymph nodes		<b>TNM CATEGORY</b> <b>FIGO STAGE</b>  <input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1        IIIC1 <input type="checkbox"/> N2        IIIC2
<b>TNM CATEGORY</b> <b>FIGO STAGE</b>  <input type="checkbox"/> M0 <input type="checkbox"/> M1        IVB	<b>DISTANT METASTASIS (M)</b>  No distant metastasis (no pathologic M0; use clinical M to complete stage group) Distant metastasis (includes metastasis to inguinal lymph nodes intraperitoneal disease, or lung, liver, or bone. It excludes metastasis to para-aortic lymph nodes, vagina, pelvic serosa, or adnexa)		<b>TNM CATEGORY</b> <b>FIGO STAGE</b>  <input type="checkbox"/> M1        IVB

<b>HOSPITAL NAME/ADDRESS</b>	<b>PATIENT NAME/INFORMATION</b>
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## ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL				PATHOLOGIC			
GROUP	T	N	M	GROUP	T	N	M
<input type="checkbox"/> 0*	Tis	N0	M0	<input type="checkbox"/> 0*	Tis	N0	M0
<input type="checkbox"/> I	T1	N0	M0	<input type="checkbox"/> I	T1	N0	M0
<input type="checkbox"/> I	T1a	N0	M0	<input type="checkbox"/> I	T1a	N0	M0
<input type="checkbox"/> IB	T1b	N0	M0	<input type="checkbox"/> IB	T1b	N0	M0
<input type="checkbox"/> II	T2	N0	M0	<input type="checkbox"/> II	T2	N0	M0
<input type="checkbox"/> III	T3	N0	M0	<input type="checkbox"/> III	T3	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"/> IIIC1	T1-T3	N1	M0	<input type="checkbox"/> IIIC1	T1-T3	N1	M0
<input type="checkbox"/> IIIC2	T1-T3	N2	M0	<input type="checkbox"/> IIIC2	T1-T3	N2	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

\*FIGO no longer includes Stage 0 (Tis)  
Carcinosarcomas should be staged as carcinoma.  
☐ Stage unknown

### PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**REQUIRED FOR STAGING:** None

**CLINICALLY SIGNIFICANT:**

FIGO Stage: \_\_\_\_\_

Peritoneal cytology results: \_\_\_\_\_

Pelvic nodal dissection with number of nodes positive/examined: \_\_\_\_\_

Para-aortic nodal dissection with number of nodes positive/examined: \_\_\_\_\_

Percentage of non-endometrioid cell type in mixed histology tumors: \_\_\_\_\_

Omentectomy performed: \_\_\_\_\_

### General Notes:

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.

**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.

### Histologic Grade (G) (also known as overall grade)

#### Grading system

- ☐ 2 grade system
- ☐ 3 grade system
- ☐ 4 grade system
- ☐ No 2, 3, or 4 grade system is available

#### Grade

- ☐ Grade I or 1
- ☐ Grade II or 2
- ☐ Grade III or 3
- ☐ Grade IV or 4

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.

HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION

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## CORPUS UTERI CARCINOMA STAGING FORM

*(Carcinosarcomas should be staged as carcinomas)*

### 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):

**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/Time

HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION

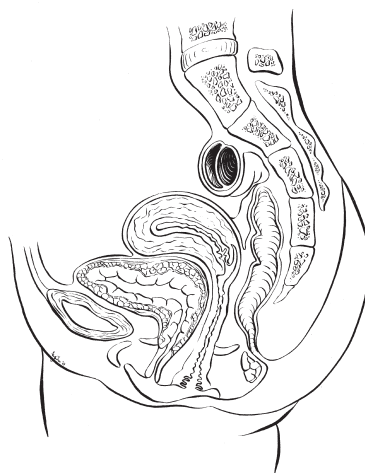
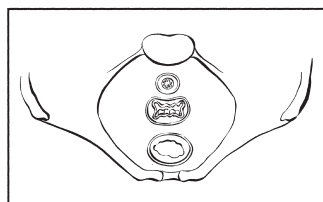
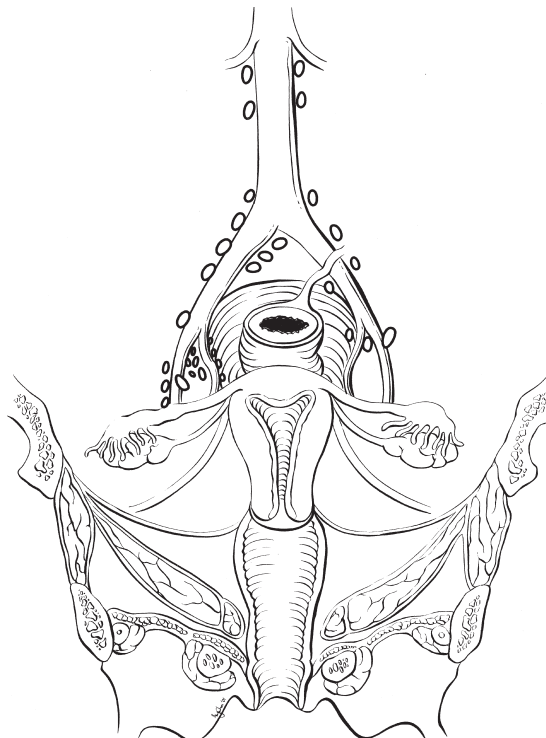
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# CORPUS UTERI CARCINOMA STAGING FORM

*(Carcinosarcomas should be staged as carcinomas)*

## Illustration

Indicate on diagram primary tumor and regional nodes involved.



HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION

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# 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>																																																						
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# CORPUS UTERI SARCOMA STAGING FORM

(Carcinosarcomas should be staged as carcinomas)

TNM CATEGORY	FIGO STAGE	DISTANT METASTASIS (M)	TNM CATEGORY	FIGO STAGE
<input type="checkbox"/> M0		No distant metastasis (no pathologic M0; use clinical M to complete stage group)	<input type="checkbox"/> M1	IVB
<input type="checkbox"/> M1	IVB	Distant metastasis (excluding adnexa, pelvic, and abdominal tissue)		

## 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.

☐ 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.

☐ Stage unknown

### PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**REQUIRED FOR STAGING:** None

**CLINICALLY SIGNIFICANT:**

FIGO Stage: \_\_\_\_\_

Peritoneal cytology results: \_\_\_\_\_

Pelvic nodal dissection with number of nodes positive/examined: \_\_\_\_\_

Para-aortic nodal dissection with number of nodes positive/examined: \_\_\_\_\_

Percentage of non-endometrioid cell type in mixed histology tumors: \_\_\_\_\_

Omentectomy performed: \_\_\_\_\_

**Histologic Grade (G)** (also known as overall grade)

#### Grading system

- ☐ 2 grade system
- ☐ 3 grade system
- ☐ 4 grade system
- ☐ No 2, 3, or 4 grade system is available

#### Grade

- ☐ Grade I or 1
- ☐ Grade II or 2
- ☐ Grade III or 3
- ☐ Grade IV or 4

#### General Notes:

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.

<b>HOSPITAL NAME/ADDRESS</b>  	<b>PATIENT NAME/INFORMATION</b>  
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# CORPUS UTERI SARCOMA STAGING FORM

(Carcinosarcomas should be staged as carcinomas)

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): \_\_\_\_\_

Physician signature

Date/Time

**HOSPITAL NAME/ADDRESS**

**PATIENT NAME/INFORMATION**

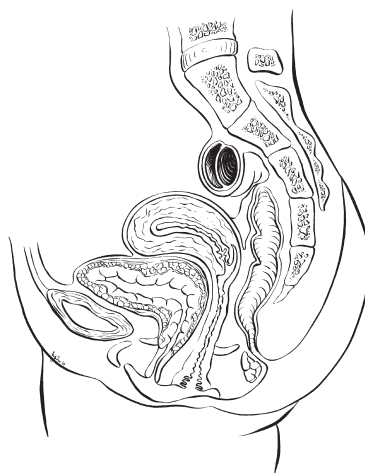
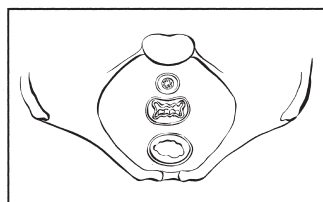
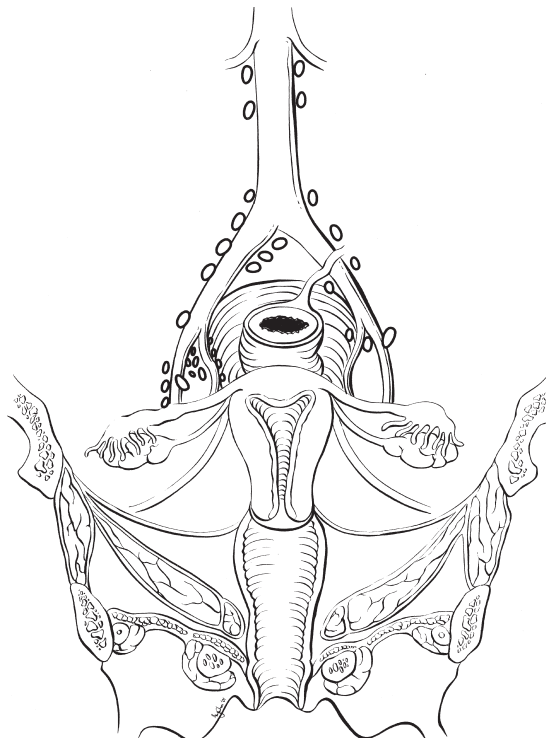
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# CORPUS UTERI SARCOMA STAGING FORM

*(Carcinosarcomas should be staged as carcinomas)*

## Illustration

Indicate on diagram primary tumor and regional nodes involved.



HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION

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