ADRENAL GLAND STAGING FORM

CLINICAL Extent of disease before any treatment	STAGE CATEGORY DEFINITIONS		PATHOLOGIC Extent of disease during and from surgery	
y clinical – staging completed after neoadjuvant therapy but before subsequent surgery		LATERALITY: ☐ left ☐ right ☐ bilateral	y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery	
□ TX □ T0 □ T1 □ T2 □ T3 □ T4	PRIMARY TUMOR (T) TX Primary tumor cannot be assessed T0 No evidence of primary tumor T1 Tumor 5 cm or less in greatest dimension, no extra-adrenal invasion T2 Tumor greater than 5 cm, no extra-adrenal invasion T3 Tumor of any size with local invasion, but not invading adjacent organs* T4 Tumor of any size with invasion of adjacent organs* *Adjacent organs include kidney, diaphragm, great vessels, pancreas, spleen, and liver.		□ TX □ T0 □ T1 □ T2	
□ NX □ N0 □ N1	REGIONAL LYMPH Regional lymph nodes cannot be assessed No regional lymph node metastasis Metastasis in regional lymph node(s)	Nodes (N)	□ NX □ N0 □ N1	
□ M0 □ M1	No distant metastasis (no pathologic M0; use Distant metastasis		□ M1	
Anatomic Stage • Prognostic Groups				
GROUP T	CLINICAL N M	PATHO GROUP T N	LOGIC M	
□ I T1 □ II T2 □ III T1 T2 □ III T1 T2 T3 □ IV T3 T4 T4 Any T	NO MO NO MO N1 MO N1 MO N0 MO N1 MO N0 MO N1 MO N1 MO N1 MO N0 MO N1 MO N1 MO N1 MO N1 MO N1 MO N1 MO	□ I T1 N0 □ II T2 N0 □ III T1 N1 □ T2 N1 □ T3 N0 □ IV T3 N1 □ T4 N0 □ T4 N1 □ Any T Any	M0 M0 M0 M0 M0 M0 M0 M0	
☐ Stage unknown		☐ Stage unknown		
PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS (SITE-SPECIFIC FACTORS) REQUIRED FOR STAGING: None CLINICALLY SIGNIFICANT: Tumor weight in grams: Vascular invasion:			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 cite and is recorded in possible positions.	
			site and is recorded in parentheses: pT(m)NM.	
HOSPITAL NAME/ADDRE	ss	PATIENT NAME/INFORMATION		

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Histologic Grade (G) (also known as overall			General Notes (continued):	
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 e ☐ Grade IV or 4		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	
ADDITIONAL DESCRIPTORS Lymphatic Vessel Invasion (L) and Veno- Invasion (LVI) for collection by cancer regist should be used as the primary source. Other given to positive results.	actually present at the time of that examination. The "y" categorization is not an estimate of tumor prior to multimodality therapy.			
☐ Lymph-Vascular Invasion Not Present☐ Lymph-Vascular Invasion Present/Iden☐ Not Applicable☐ Unknown/Indeterminate	r prefix indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.			
Residual Tumor (R)	a prefix designates the stage determined at autopsy: aTNM.			
The absence or presence of residual tumor neoadjuvant therapy there will be residual turesection or local and regional disease that RX Presence of residual tumor cannot Ro No residual tumor	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.			
R1 Microscopic residual tumor R2 Macroscopic residual tumor			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	
Haarina Nasa /A	Т	Demon News //		
HOSPITAL NAME/ADDRESS		PATIENT NAME/INFORMATION		

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