PLEURAL MESOTHELIOMA 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	**TUMOR SIZE:** _____	**LATERALITY:** ☐ left ☐ right ☐ bilateral	❒ y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
	PRIMARY TUMOR (T) *IMIG Staging System for Diffuse Malignant Pleural Mesothelioma (MPM)*		
❑ TX	Primary tumor cannot be assessed		❑ TX
❑ T0	No evidence of primary tumor		❑ T0
❑ T1	Tumor limited to the ipsilateral parietal pleura with or without mediastinal pleura and with or without diaphragmatic pleural involvement		❑ T1
❑ T1a	No involvement of the visceral pleura		❑ T1a
❑ T1b	Tumor also involving the visceral pleura		❑ T1b
❑ T2	Tumor involving each of the ipsilateral pleural surfaces (parietal, mediastinal, diaphragmatic, and visceral pleura) with at least one of the following features: • involvement of diaphragmatic muscle • extension of tumor from visceral pleura into the underlying pulmonary parenchyma		❑ T2
❑ T3	Locally advanced but **potentially resectable** tumor Tumor involving all of the ipsilateral pleural surfaces (parietal, mediastinal, diaphragmatic, and visceral pleura) with at least one of the following features: • involvement of the endothoracic fascia • extension into the mediastinal fat • solitary, completely resectable focus of tumor extending into the soft tissues of the chest wall • non-transmural involvement of the pericardium		❑ T3
❑ T4	Locally advanced **technically unresectable** tumor Tumor involving all of the ipsilateral pleural surfaces (parietal, mediastinal, diaphragmatic, and visceral pleura) with at least one of the following features: • diffuse extension or multifocal masses of tumor in the chest wall, with or without associated rib destruction • direct transdiaphragmatic extension of tumor to the peritoneum • direct extension of tumor to the contralateral pleura • direct extension of tumor to mediastinal organs • direct extension of tumor into the spine • tumor extending through to the internal surface of the pericardium with or without a pericardial effusion; or tumor involving the myocardium		❑ T4
	REGIONAL LYMPH NODES (N)		
❑ NX	Regional lymph nodes cannot be assessed		❑ NX
❑ N0	No regional lymph node metastases		❑ N0
❑ N1	Metastases in the ipsilateral bronchopulmonary or hilar lymph nodes		❑ N1
❑ N2	Metastases in the subcarinal or the ipsilateral mediastinal lymph nodes including the ipsilateral internal mammary and peridiaphragmatic nodes		❑ N2
❑ N3	Metastases in the contralateral mediastinal, contralateral internal mammary, ipsilateral or contralateral supraclavicular lymph nodes		❑ N3
	DISTANT METASTASIS (M)		
❑ M0	No distant metastasis (no pathologic M0; use clinical M to complete stage group)		
❑ M1	Distant metastasis		❑ M1

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PLEURAL MESOTHELIOMA STAGING FORM

ANATOMIC STAGE • PROGNOSTIC GROUPING

CLINICAL

GROUP	T	N	M
❑ I	T1	N0	M0
❑ IA	T1a	N0	M0
❑ IB	T1b	N0	M0
❑ II	T2	N0	M0
❑ III	T1, T2	N1	M0
	T1, T2	N2	M0
	T3	N0, N1, N2	M0
❑ IV	T4	Any N	M0
	Any T	N3	M0
	Any T	Any N	M1

❑ Stage unknown

PATHOLOGIC

GROUP	T	N	M
❑ I	T1	N0	M0
❑ IA	T1a	N0	M0
❑ IB	T1b	N0	M0
❑ II	T2	N0	M0
❑ III	T1, T2	N1	M0
	T1, T2	N2	M0
	T3	N0, N1, N2	M0
❑ IV	T4	Any N	M0
	Any T	N3	M0
	Any T	Any N	M1

❑ Stage unknown

PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

REQUIRED FOR STAGING: None

CLINICALLY SIGNIFICANT:

Histological subtype: ❑ epithelioid ❑ mixed or biphasic ❑ sarcomatoid ❑ desmoplastic

History of asbestos exposure: ❑ Yes ❑ No

Presence or absence of chest pain: ❑ Present ❑ Absent

FDG-PET SUV: _____

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

Grading system	*Grade*
❑ 2 grade system	❑ Grade I or 1
❑ 3 grade system	❑ Grade II or 2
❑ 4 grade system	❑ Grade III or 3
❑ No 2, 3, or 4 grade system is available	❑ Grade IV or 4

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

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.

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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

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

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