THYR	old	STA	\mathbf{C}	· E 0	$\mathbf{D}\mathbf{M}$
	~				

CLINICAL Extent of disease before any treatment	Stage Categor	Y DEFINITIONS	PATHOLOGIC Extent of disease through completion of definitive 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 TU All categories may be subdivided: (s) solita (the largest determines the classification).		
□ TX □ T0 □ T1 □ T1a □ T1b	Primary tumor cannot be assessed No evidence of primary tumor Tumor 2 cm or less in greatest dimension Tumor 1 cm or less, limited to the thyroid Tumor more than 1 cm but not more than the thyroid	·	□ TX □ T0 □ T1 □ T1a □ T1b
□ T2	Tumor more than 2 cm but not more than 4 the thyroid	4 cm in greatest dimension, limited to	□ T2
□ Т3	Tumor more than 4 cm in greatest dimensi with minimal extrathyroid extension (e.g. or perithyroid soft tissues)	□ T3	
☐ T4a	Moderately advanced disease. Tumor of any size extending beyond th subcutaneous soft tissues, larynx, track		☐ T4a
☐ T4b	laryngeal nerve Very advanced disease. Tumor invades prevertebral fascia or e vessels		☐ T4b
☐ T4a ☐ T4b	All anaplastic carcinomas are considered intrathyroidal anaplastic carcinoma Anaplastic carcinoma with gross extrathyro		☐ T4a ☐ T4b
	REGIONAL LYMP Regional lymph nodes are the central com mediastinal lymph nodes.		
□ NX □ N0 □ N1 □ N1a □ N1b	Regional lymph nodes cannot be assessed No regional lymph node metastasis Regional lymph node metastasis Metastasis to Level VI (pretracheal, paratra lymph nodes) Metastasis to unilateral, bilateral, or contra V) or retropharyngeal or superior media	acheal, and prelaryngeal/Delphian lateral cervical (Levels I, II, III, IV or	□ NX □ N0 □ N1 □ N1a □ N1b
□ M0 □ M1	No distant metastasis (no pathologic M0; use Distant metastasis		□ M1

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THYROID STAGING FORM

Anatomic Stage • Prognostic Groups								
CLINICAL Separate stage groupings are recommended for papillary or follicular (differentiated), medullary, and anaplastic (undifferentiated) carcinoma.			PATHOLOGIC Separate stage groupings are recommended for papillary or follicular (differentiated), medullary, and anaplastic (undifferentiated) carcinoma.					
Papillary or Follicular (Differentiated) UNDER 45 YEARS		UN	Papillary or Follicular (Differentiated) UNDER 45 YEARS					
GROUP	T Any T	N Any N	M M0	G □	ROUP	T Any T	N Any N	M M0
. =] []	Any T	Any N	M1		i II	Any T	Any N	M1
Papillary or Follicular (Differentiated) 45 YEARS AND OLDER				Papillary or Follicular (Differentiated) 45 YEARS AND OLDER				
GROUP	T	N	М		ROUP	T	N	М
	T1	N0	MO		1	T1	N0	MO
	T2	N0	MO		Ш	T2	N0	MO
	T3	N0	MO		Ш	T3	N0	M0
	T1	N1a	MO			T1	N1a	MO
	T2	N1a	MO			T2	N1a	M0
	T3	N1a	M0		11.7.4	T3	N1a	M0
□ IVA	T4a T4a	N0 N1a	M0 M0		IVA	T4a T4a	N0 N1a	M0 M0
	T4a T1	N1b	M0			14a T1	N1b	M0
	T2	N1b	M0			T2	N1b	M0
	T3	N1b	MO			T3	N1b	M0
	T4a	N1b	MO			T4a	N1b	M0
☐ IVB	T4b	Any N	MO		IVB	T4b	Any N	M0
□ ivc	Any T	Any N	M1		IVC	Any T	Any N	M1
Medullary Carcinoma (All age groups)		Medullary Carcinoma (All age groups)						
GROUP	T T	N	M		ROUP	T T	N	M
	T1	NO NO	M0		II.	T1	NO NO	M0
	T2 T3	N0 N0	M0		II	T2 T3	N0 N0	M0
	T1		M0		Ш	T1		M0
	T2	N1a N1a	M0 M0		III	T2	N1a N1a	M0 M0
	T3	N1a N1a	M0			T3	N1a N1a	M0
□ IVA	T4a	N0	M0		IVA	T4a	N0	M0
- 107.	T4a	N1a	MO	_	1771	T4a	N1a	M0
	T1	N1b	MO			T1	N1b	M0
	T2	N1b	MO			T2	N1b	MO
	T3	N1b	MO			T3	N1b	MO
	T4a	N1b	MO			T4a	N1b	MO
☐ IVB	T4b	Any N	MO		IVB	T4b	Any N	M0
☐ IVC	Any T	Any N	M1		IVC	Any T	Any N	M1
Anaplastic Carcinoma		Anaplastic Carcinoma						
All anaplastic carcinomas are considered Stage IV		All anaplastic carcinomas are considered Stage IV						
GROUP	T	N	M		ROUP	T	N	M
☐ IVA	T4a	Any N	MO		IVA	T4a	Any N	MO
☐ IVB	T4b	Any N	MO		IVB	T4b	Any N	M0
☐ IVC	Any T	Any N	M1		IVC	Any T	Any N	M1
☐ Stage un	known				Stage un	ıknown		
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THYROID STAGING FORM

REQUIRED FOR STAGING: None CLINICALLY SIGNIFICANT: Solitary or Multiflocal tumors in the primary site ### CLINICALLY SIGNIFICANT: Solitary or Multiflocal tumors in the primary site #### CLINICALLY SIGNIFICANT: Solitary or Multiflocal tumors in the primary site ###################################						
## Mitblogic Grade (G) (also known as overall grade) Grading system Grade	REQUIRED FOR STAGING: None			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		
Grading system	Hictologic Grada (G) (also known as averall grada)			multiple primary tumors in a single site and is recorded in parentheses:		
2 grade system		Grade				
3 grade system	• ,	0.7 0.00				
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) 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 Dintromal Invasion Present/Identified Dintromal Invasion Present/Identif	• •					
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.	Additional Descriptors	the extent of tumor actually present at the time of that examination. The "y" categorization is not an estimate of				
□ Lymph-Vascular Invasion Present/Identified □ Volknown/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 □ R2 Macroscopic residual tumor □ Clinical stage was used in treatment planning □ NCCN □ Other (describe): □ National guidelines were used in treatment planning □ NCCN □ Other (describe): □ Physician signature Date/Time	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			when staged after a disease-free interval, and is identified by the "r"		
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 RN No residual tumor R1 Microscopic residual tumor R2 Macroscopic residual tumor R2 Macroscopic residual tumor R3 Macroscopic residual tumor R4 Microscopic residual tumor R5 Macroscopic residual tumor R6 Not performed, the administered therapy no longer meets the definition of neoadjuvant therapy. Clinical stage was used in treatment planning NCCN Other (describe): Physician signature Date/Time	☐ Lymph-Vascular Invasion Present/Identified					
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 Clinical stage was used in treatment planning (describe): National guidelines were used in treatment planning NCCN Other (describe): Date/Time	• •					
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 No residual tumor R1 Microscopic residual tumor R2 Macroscopic residual tumor R2 Macroscopic residual tumor R3 Microscopic residual tumor R4 Microscopic residual tumor R5 Macroscopic residual tumor R5 Macroscopic residual tumor R6 Macroscopic residual tumor R6 Macroscopic residual tumor R7 Macroscopic residual tumor R8 Macroscopic residual tumor Macroscopic res	Residual Tumor (R)			surgical margins of the resected primary site specimen as determined		
RX Presence of residual tumor cannot be assessed R0 No residual tumor R1 Microscopic residual tumor R2 Macroscopic residual tumor Clinical stage was used in treatment planning (describe): National guidelines were used in treatment planning NCCN Other (describe): Physician signature Date/Time						
□ Clinical stage was used in treatment planning (describe): □ National guidelines were used in treatment planning □ NCCN □ Other (describe): □ Physician signature □ Date/Time	RX Presence of residual tumor cannot be assessed R0 No residual tumor R1 Microscopic residual tumor			(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		
□ National guidelines were used in treatment planning □ NCCN □ Other (describe): □ Physician signature □ Date/Time						
Physician signature Date/Time	☐ Clinical stage was used in treatment planning	(describe):				
	□ National guidelines were used in treatment planning □ NCCN □ Other (describe):					
HOSPITAL NAME/ADDRESS PATIENT NAME/INFORMATION	Physician signature			Date/Time		
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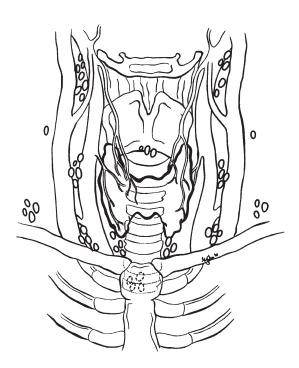
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THYROID STAGING FORM

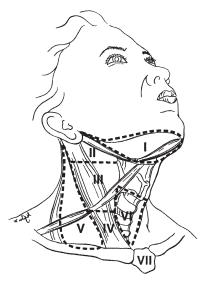
Illustration

Indicate on diagram primary tumor and regional nodes involved.

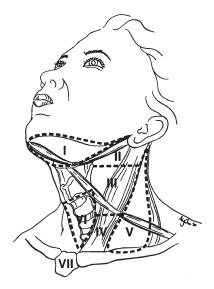
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