

# STOMACH STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS	PATHOLOGIC <i>Extent of disease during and from surgery</i>
<input type="checkbox"/> y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	<b>TUMOR SIZE:</b> _____	<input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1 <input type="checkbox"/> T1a <input type="checkbox"/> T1b <input type="checkbox"/> T2 <input type="checkbox"/> T3  <input type="checkbox"/> T4 <input type="checkbox"/> T4a <input type="checkbox"/> T4b	<p align="center"><b>PRIMARY TUMOR (T)</b></p> <p>Primary tumor cannot be assessed</p> <p>No evidence of primary tumor</p> <p>Carcinoma <i>in situ</i>: intraepithelial tumor without invasion of the lamina propria</p> <p>Tumor invades lamina propria, muscularis mucosae, or submucosa</p> <p>Tumor invades lamina propria or muscularis mucosae</p> <p>Tumor invades submucosa</p> <p>Tumor invades muscularis propria</p> <p>Tumor penetrates subserosal connective tissue without invasion of visceral peritoneum or adjacent structures*, **, ***</p> <p>Tumor invades serosa (visceral peritoneum) or adjacent structures**, ***</p> <p>Tumor invades serosa (visceral peritoneum)</p> <p>Tumor invades adjacent structures</p> <p>*A tumor may penetrate the muscularis propria with extension into the gastroduodenal or gastrophrenic ligaments, or into the greater or lesser omentum, without perforation of the visceral peritoneum covering these structures. In this case, the tumor is classified T3. If there is perforation of the visceral peritoneum covering the gastric ligaments or the omentum, the tumor should be classified T4.</p> <p>**The adjacent structures of the stomach include the spleen, transverse colon, liver, diaphragm, pancreas, abdominal wall, adrenal gland, kidney, small intestine, and retroperitoneum.</p> <p>***Intramural extension to the duodenum or esophagus is classified by the depth of the greatest invasion in any of these sites, including the stomach.</p>	<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1 <input type="checkbox"/> T1a <input type="checkbox"/> T1b <input type="checkbox"/> T2 <input type="checkbox"/> T3  <input type="checkbox"/> T4 <input type="checkbox"/> T4a <input type="checkbox"/> T4b
<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N3 <input type="checkbox"/> N3a <input type="checkbox"/> N3b	<p align="center"><b>REGIONAL LYMPH NODES (N)</b></p> <p>Regional lymph node(s) cannot be assessed</p> <p>No regional lymph node metastasis*</p> <p>Metastasis in 1 to 2 regional lymph nodes</p> <p>Metastasis in 3 to 6 regional lymph nodes</p> <p>Metastasis in 7 or more regional lymph nodes</p> <p>Metastasis in 7 to 15 regional lymph nodes</p> <p>Metastasis in 16 or more regional lymph nodes</p> <p>* A designation of pN0 should be used if all examined lymph nodes are negative, regardless of the total number removed and examined.</p>	<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N3 <input type="checkbox"/> N3a <input type="checkbox"/> N3b
<input type="checkbox"/> M0 <input type="checkbox"/> M1	<p align="center"><b>DISTANT METASTASIS (M)</b></p> <p>No distant metastasis (no pathologic M0; use clinical M to complete stage group)</p> <p>Distant metastasis</p>	<input type="checkbox"/> M1

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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"/> IA	T1	N0	M0	<input type="checkbox"/> IA	T1	N0	M0
<input type="checkbox"/> IB	T2	N0	M0	<input type="checkbox"/> IB	T2	N0	M0
	T1	N1	M0		T1	N1	M0
<input type="checkbox"/> IIA	T3	N0	M0	<input type="checkbox"/> IIA	T3	N0	M0
	T2	N1	M0		T2	N1	M0
	T1	N2	M0		T1	N2	M0
<input type="checkbox"/> IIB	T4a	N0	M0	<input type="checkbox"/> IIB	T4a	N0	M0
	T3	N1	M0		T3	N1	M0
	T2	N2	M0		T2	N2	M0
	T1	N3	M0		T1	N3	M0
<input type="checkbox"/> IIIA	T4a	N1	M0	<input type="checkbox"/> IIIA	T4a	N1	M0
	T3	N2	M0		T3	N2	M0
	T2	N3	M0		T2	N3	M0
<input type="checkbox"/> IIIB	T4b	N0	M0	<input type="checkbox"/> IIIB	T4b	N0	M0
	T4b	N1	M0		T4b	N1	M0
	T4a	N2	M0		T4a	N2	M0
	T3	N3	M0		T3	N3	M0
<input type="checkbox"/> IIIC	T4b	N2	M0	<input type="checkbox"/> IIIC	T4b	N2	M0
	T4b	N3	M0		T4b	N3	M0
	T4a	N3	M0		T4a	N3	M0
<input type="checkbox"/> IV	Any T	Any N	M1	<input type="checkbox"/> IV	Any T	Any N	M1
<input type="checkbox"/> Stage unknown				<input type="checkbox"/> Stage unknown			

### PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

REQUIRED FOR STAGING: None

#### CLINICALLY SIGNIFICANT:

Tumor location: \_\_\_\_\_

Serum carcinoembryonic antigen: \_\_\_\_\_

Serum CA19.9: \_\_\_\_\_

#### 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.

#### 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

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### 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

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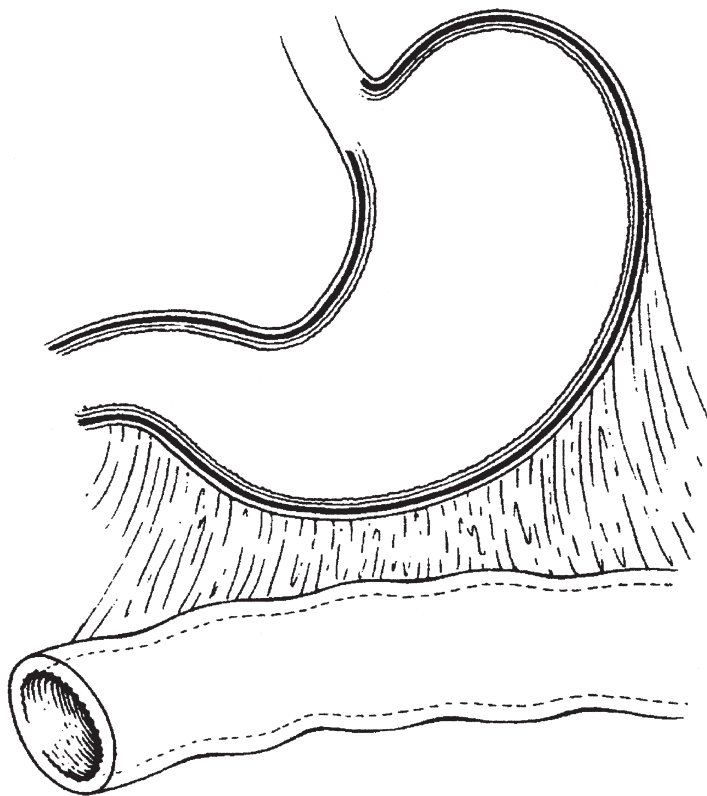
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## STOMACH STAGING FORM

### Illustration

Indicate on diagram primary tumor and regional nodes involved.



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