BONE 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	Tunca Cize.	LateraLity: □ left □ right □ bilateral	y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery	
□ TX □ T0 □ T1 □ T2 □ T3	PRIMARY TUM Primary tumor cannot be assessed No evidence of primary tumor Tumor 8 cm or less in greatest dimension Tumor more than 8 cm in greatest dimension Discontinuous tumors in the primary bone si	1	□ TX □ T0 □ T1 □ T2 □ T3	
□ NX □ N0 □ N1	REGIONAL LYMPH Regional lymph nodes cannot be assessed No regional lymph node metastasis Regional lymph node metastasis	Nodes (N)	□ NX □ N0 □ N1	
□ M0 □ M1 □ M1a □ M1b	No distant metastasis (no pathologic M0; use Distant metastasis Lung Other distant sites	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	☐ M1 ☐ M1a ☐ M1b	
Anatomic Stage • Prognostic Groups				
GROUP T N IA T1 NI IB T2 NI IB T3 NI IIA T1 NI IIB T2 NI IIB T2 NI III T3 NI III T3 NI IVA Any T NI IVB Any T NI Any T	M0 G1,2 Low grade GX M0 G1,2 Low grade GX M0 G3,4 High grade M0 G3,4 High grade M0 G3,4* M1a Any G M1 Any M Any G M1b Any G	PATHO GROUP T N IA T1 N0 IB T2 N0 IB T3 N0 IIA T1 N0 IIB T2 N0 IIB T2 N0 IIB T2 N0 IIB T2 N0 III T3 N0 IVA Any T N0 IVB Any T N1 Any T Any N * Ewing's sarcoma is classified as	M M0 G1,2 Low grade GX M0 G1,2 Low grade GX M0 G1,2 Low grade GX M0 G3,4 High grade M0 G3,4 High grade M0 G3,4* M1a Any G Any M Any G M1b Any G	
PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS) REQUIRED FOR STAGING: Grade CLINICALLY SIGNIFICANT: Three dimensions of tumor size x x Percentage necrosis post neoadjuvant systemic therapy from pathology report: Number of resected pulmonary metastases from pathology report: Number of resected pulmonary metastases from pathology report: **Multiple primary tumors in a single site and is recorded in parentheses pT(m)NM.**				
HOSPITAL NAME/ADDRE	ess	PATIENT NAME/INFORMATION		

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Histologic Grade (G) (also known as overall grade)		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 Grade II or Grade III or Grade IV or	2	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 Venous Invasion (V) have been Invasion (LVI) for collection by cancer registrars. The College of Ameri should be used as the primary source. Other sources may be used in t 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 (absent)/Not Identified □ Lymph-Vascular Invasion Present/Identified □ Not Applicable □ Light action (Indeterminate) 	r prefix indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.			
☐ Unknown/Indeterminate Residual Tumor (R)	a prefix designates the stage determined at autopsy: aTNM.			
The absence or presence of residual tumor after treatment. In some can neoadjuvant therapy there will be residual tumor at the primary site aft resection or local and regional disease that extends beyond the limit of RX Presence of residual tumor cannot be assessed 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		
HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION			

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