
Appendix

GESTATIONAL TROPHOBLASTIC TUMORS STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS		PATHOLOGIC <i>Extent of disease through completion of definitive surgery</i>
<input type="checkbox"/> y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	TUMOR SIZE: _____	LATERALITY: <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> bilateral	<input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
TNM CATEGORY <input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> T1 <input type="checkbox"/> T2	PRIMARY TUMOR (T) Primary tumor cannot be assessed No evidence of primary tumor Tumor confined to uterus Tumor extends to other genital structures (ovary, tube, vagina, broad ligaments) by metastasis or direct extension		TNM CATEGORY <input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> T1 <input type="checkbox"/> T2
REGIONAL LYMPH NODES (N) There is no regional nodal designation in the staging of these tumors. Nodal metastases should be classified as metastatic (M1) disease.			
TNM CATEGORY <input type="checkbox"/> M0 <input type="checkbox"/> M1 <input type="checkbox"/> M1a <input type="checkbox"/> M1b	DISTANT METASTASIS (M) No distant metastasis (no pathologic M0; use clinical M to complete stage group) Distant metastasis Lung metastasis All other distant metastasis		TNM CATEGORY <input type="checkbox"/> M1 <input type="checkbox"/> M1a <input type="checkbox"/> M1b

ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL					PATHOLOGIC				
GROUP	T	N	M	RISK SCORE	GROUP	T	N	M	RISK SCORE
<input type="checkbox"/> I	T1		M0	Unknown	<input type="checkbox"/> I	T1		M0	Unknown
<input type="checkbox"/> IA	T1		M0	Low risk	<input type="checkbox"/> IA	T1		M0	Low risk
<input type="checkbox"/> IB	T1		M0	High risk	<input type="checkbox"/> IB	T1		M0	High risk
<input type="checkbox"/> II	T2		M0	Unknown	<input type="checkbox"/> II	T2		M0	Unknown
<input type="checkbox"/> IIA	T2		M0	Low risk	<input type="checkbox"/> IIA	T2		M0	Low risk
<input type="checkbox"/> IIB	T2		M0	High risk	<input type="checkbox"/> IIB	T2		M0	High risk
<input type="checkbox"/> III	Any T		M1a	Unknown	<input type="checkbox"/> III	Any T		M1a	Unknown
<input type="checkbox"/> IIIA	Any T		M1a	Low risk	<input type="checkbox"/> IIIA	Any T		M1a	Low risk
<input type="checkbox"/> IIIB	Any T		M1a	High risk	<input type="checkbox"/> IIIB	Any T		M1a	High risk
<input type="checkbox"/> IV	Any T		M1b	Unknown	<input type="checkbox"/> IV	Any T		M1b	Unknown
<input type="checkbox"/> IVA	Any T		M1b	Low risk	<input type="checkbox"/> IVA	Any T		M1b	Low risk
<input type="checkbox"/> IVB	Any T		M1b	High risk	<input type="checkbox"/> IVB	Any T		M1b	High risk
<input type="checkbox"/> Stage unknown					<input type="checkbox"/> Stage unknown				

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GESTATIONAL TROPHOBLASTIC TUMORS STAGING FORM

PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)				
REQUIRED FOR STAGING: Prognostic Risk Scoring Index				
Prognostic Factor	Risk Score			
	0	1	2	4
Age	<40	≥40		
antecedent pregnancy	Hydatidiform mole	Abortion	Term pregnancy	
Interval months from index pregnancy	<4	4–6	7–12	>12
Pretreatment hCG (IU/ml)	<10 ³	10 ³ –10 ⁴	10 ⁴ –10 ⁵	>10 ⁵
Largest tumor size, including uterus	<3 cm	3–5 cm	>5 cm	
Site of metastases	Lung	Spleen, kidney	Gastrointestinal tract	Brain, liver
Number of metastases identified		1–4	5–8	>8
Previous failed chemotherapy			Single drug	Two or more drugs
Total score				

Low risk is a score of 6 or less. High risk is a score of 7 or greater.

CLINICALLY SIGNIFICANT:
FIGO stage : _____

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

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.

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.

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

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Clinical stage was used in treatment planning (describe): _____

National guidelines were used in treatment planning NCCN Other (describe): _____

Physician signature

Date/Time

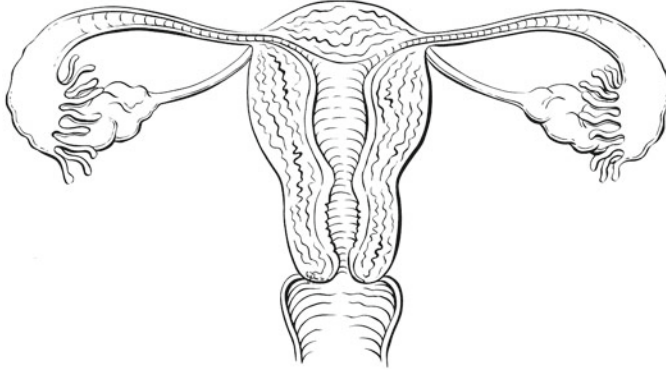
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Illustration

Indicate on diagram primary tumor and regional nodes involved.



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