### Corpus Uteri Carcinoma Staging Form

(Carcinosarcomas should be staged as carcinomas)

<table>
<thead>
<tr>
<th><strong>CLINICAL</strong></th>
<th><strong>STAGE CATEGORY DEFINITIONS</strong></th>
<th><strong>PATHOLOGIC</strong></th>
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<tr>
<td>Extent of disease before any treatment</td>
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<td>LATERALITY: □ left □ right □ bilateral</td>
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#### PRIMARY TUMOR (T)

- **TX**
  - Primary tumor cannot be assessed
- **T0**
  - No evidence of primary tumor
- **Tis** *
  - Carcinoma in situ (preinvasive carcinoma)
- **T1 I**
  - Tumor confined to corpus uteri
- **T1a IA**
  - Tumor limited to endometrium or invades less than one-half of the myometrium
- **T1b IB**
  - Tumor invades one-half or more of the myometrium
- **T2 II**
  - Tumor invades stromal connective tissue of the cervix but does not extend beyond uterus**
- **T3a IIIA**
  - Tumor involves serosa and/or adnexa (direct extension or metastasis)
- **T3b IIIB**
  - Vaginal involvement (direct extension or metastasis) or parametrical involvement
- **T4 IVA**
  - Tumor invades bladder mucosa and/or bowel mucosa (bulbous edema is not sufficient to classify a tumor as T4)

* FIGO staging no longer includes Stage 0 (Tis)

** Endocervical glandular involvement only should be considered as stage I and not Stage II.

#### REGIONAL LYMPH NODES (N)

- **NX**
  - Regional lymph nodes cannot be assessed
- **N0**
  - No regional lymph node metastasis
- **N1 IIIC1**
  - Regional lymph node metastasis to pelvic lymph nodes
- **N2 IIIC2**
  - Regional lymph node metastasis to para-aortic lymph nodes, with or without positive pelvic lymph nodes

#### DISTANT METASTASIS (M)

- **M0**
  - No distant metastasis (no pathologic M0; use clinical M to complete stage group)
- **M1 IVB**
  - Distant metastasis (includes metastasis to inguinal lymph nodes intraperitoneal disease, or lung, liver, or bone. It excludes metastasis to para-aortic lymph nodes, vagina, pelvic serosa, or adnexa)

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**CORPUS UTERI CARCINOMA STAGING FORM**
*(Carcinosarcomas should be staged as carcinomas)*

### Anatomic Stage • Prognostic Groups

<table>
<thead>
<tr>
<th>Clinical</th>
<th>Pathologic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GROUP</strong></td>
<td><strong>T</strong></td>
</tr>
<tr>
<td>0*</td>
<td>Tis</td>
</tr>
<tr>
<td>I</td>
<td>T1</td>
</tr>
<tr>
<td>Ia</td>
<td>T1a</td>
</tr>
<tr>
<td>Ib</td>
<td>T1b</td>
</tr>
<tr>
<td>II</td>
<td>T2</td>
</tr>
<tr>
<td>III</td>
<td>T3</td>
</tr>
<tr>
<td>IIIA</td>
<td>T3a</td>
</tr>
<tr>
<td>IIIB</td>
<td>T3b</td>
</tr>
<tr>
<td>IIIC1</td>
<td>T1-T3</td>
</tr>
<tr>
<td>IIIC2</td>
<td>T1-T3</td>
</tr>
<tr>
<td>IVA</td>
<td>T4</td>
</tr>
<tr>
<td>IVB</td>
<td>Any T</td>
</tr>
</tbody>
</table>

*FIGO no longer includes Stage 0 (Tis)
Carcinosarcomas should be staged as carcinoma.

- Stage unknown

### Prognostic Factors (Site-Specific Factors)

**Required for Staging:** None

**Clinically Significant:**

- FIGO Stage: __________
- Peritoneal cytology results: ________________
- Pelvic nodal dissection with number of nodes positive/examined: ________________
- Para-aortic nodal dissection with number of nodes positive/examined: ________________
- Percentage of non-endometrioid cell type in mixed histology tumors: ________________
- Omentectomy performed: _____________

**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: p(T(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.

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

<table>
<thead>
<tr>
<th>Grading system</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 grade system</td>
<td>Grade I or 1</td>
</tr>
<tr>
<td>3 grade system</td>
<td>Grade II or 2</td>
</tr>
<tr>
<td>4 grade system</td>
<td>Grade III or 3</td>
</tr>
<tr>
<td>No 2, 3, or 4 grade system is available</td>
<td>Grade IV or 4</td>
</tr>
</tbody>
</table>

Endometrioid adenocarcinomas should be graded according to the degree of differentiation of the adenocarcinoma as follows:

- **G1** 5% or less of a non-squamous or non-morular solid growth pattern
- **G2** 6% to 50% of a non-squamous or non-morular solid growth pattern
- **G3** More than 50% of a non-squamous or non-morular solid growth pattern

**Notes on Pathologic Grading**

1. Notable nuclear atypia, inappropriate for the architectural grade, raises the grade by one.
2. Serous, clear cell, and mixed mesodermal tumors are Grade 3.

**Hospital Name/Address**

**Patient Name/Information**

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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):**

- 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.

<table>
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<tr>
<th>Hospital Name/Address</th>
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</table>

(continued on next page)
Illustration
Indicate on diagram primary tumor and regional nodes involved.
**Corpus Uteri Sarcoma Staging Form**

*(Carcinosarcomas should be staged as carcinomas)*

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<tr>
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<th>STAGE CATEGORY DEFINITIONS</th>
<th>PATHOLOGIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent of disease before any treatment</td>
<td>Tumor Size: ________________</td>
<td>Extent of disease through completion of definitive surgery</td>
</tr>
<tr>
<td>y clinical – staging completed after neoadjuvant therapy but before subsequent surgery</td>
<td>Laterality: □ left □ right □ bilateral</td>
<td>y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery</td>
</tr>
</tbody>
</table>

**Primary Tumor (T)**

**Leiomyosarcoma, Endometrial Stromal Sarcoma**

- TX: Primary tumor cannot be assessed
- T0: No evidence of primary tumor
- T1 I: Tumor limited to the uterus
- T1a IA: Tumor 5 cm or less in greatest dimension
- T1b IB: Tumor more than 5 cm
- T2 II: Tumor extends beyond the uterus, within the pelvis
- T2a IIA: Tumor involves adnexa
- T2b IIB: Tumor involves other pelvic tissues
- T3 III*: Tumor infiltrates abdominal tissues
- T3a IIIA: One site
- T3b IIIB: More than one site
- T4 IVA: Tumor invades bladder or rectum

**Adenosarcoma**

- TX: Primary tumor cannot be assessed
- T0: No evidence of primary tumor
- T1 I: Tumor limited to the uterus
- T1a IA: Tumor limited to the endometrium/endocervix
- T1b IB: Tumor invades less than half of the myometrium
- T1c IC: Tumor invades more than half of the myometrium
- T2 II: Tumor extends beyond the uterus, within the pelvis
- T2a IIA: Tumor involves adnexa
- T2b IIB: Tumor involves other pelvic tissues
- T3 III*: Tumor involves abdominal tissues
- T3a IIIA: One site
- T3b IIIB: More than one site
- T4 IVA: Tumor invades bladder or rectum

*Note:* Simultaneous tumors of the uterine corpus and ovary/pelvis in association with ovarian/pelvic endometriosis should be classified as independent primary tumors.

* In this stage, lesions must infiltrate abdominal tissues and not just protrude into the abdominal cavity.

**Regional Lymph Nodes (N)**

<table>
<thead>
<tr>
<th>REGIONAL LYMPH NODES (N)</th>
<th>TNM CATEGORY</th>
<th>FIGO STAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional lymph nodes cannot be assessed</td>
<td>□ TX</td>
<td>□ T0</td>
</tr>
<tr>
<td>No regional lymph node metastasis</td>
<td>□ T1</td>
<td>□ T1a IA</td>
</tr>
<tr>
<td>Regional lymph node metastasis</td>
<td>□ T2</td>
<td>□ T2a IIA</td>
</tr>
</tbody>
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*Hospital Name/Address*

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<table>
<thead>
<tr>
<th>TNM Category</th>
<th>FIGO Stage</th>
<th>Distant Metastasis (M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>M0</td>
<td></td>
<td>No distant metastasis (no pathologic M0; use clinical M to complete stage group)</td>
</tr>
<tr>
<td>M1</td>
<td>IVB</td>
<td>Distant metastasis (excluding adnexa, pelvic, and abdominal tissue)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TNM Category</th>
<th>FIGO Stage</th>
</tr>
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<tbody>
<tr>
<td>M1</td>
<td>IVB</td>
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<tr>
<th>Group</th>
<th>Clinical T</th>
<th>N</th>
<th>M</th>
</tr>
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<tbody>
<tr>
<td>IA</td>
<td>T1</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>IB</td>
<td>T1a</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>IC**</td>
<td>T1c</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>IIA</td>
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<td>M0</td>
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<tr>
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<td>Any T</td>
<td>Any N</td>
<td>M1</td>
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*Note: Stages IA and IB differ from those applied for leiomyosarcoma and endometrial stromal sarcoma.

**Note: Stage IC does not apply for leiomyosarcoma and endometrial stromal sarcoma.

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<td>T1a</td>
<td>N0</td>
</tr>
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Clinical stage was used in treatment planning (describe): __________________________

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

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