

**LUNG 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	<b>TUMOR SIZE:</b> _____ <b>LATERALITY:</b> <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
<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"/> T2a <input type="checkbox"/> T2b <input type="checkbox"/> T3  <input type="checkbox"/> T4	<p align="center"><b>PRIMARY TUMOR (T)</b> <b>RSTESTCD=AJCC101</b></p> <p>Primary tumor cannot be assessed                  No evidence of primary tumor                  Tis Carcinoma <i>in situ</i>                  Tumor ≤3 cm in greatest dimension, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion more proximal than the lobar bronchus (i.e., not in the main bronchus)*                  Tumor ≤2 cm in greatest dimension                  Tumor &gt; 2 cm but ≤3 cm in greatest dimension                  Tumor &gt; 3 cm but ≤7 cm or tumor with any of the following features (T2 tumors with these features are classified T2a if ≤ 5 cm)                  Involves main bronchus, ≥2 cm distal to the carina                  Invades visceral pleura (PL1 or PL2)                  Associated with atelectasis or obstructive pneumonitis that extends to the hilar region but does not involve the entire lung                  Tumor &gt; 3 cm but ≤5 cm in greatest dimension                  Tumor &gt; 5 cm but ≤7 cm in greatest dimension                  Tumor &gt; 7 cm or one that directly invades any of the following: parietal pleural (PL3), chest wall (including superior sulcus tumors), diaphragm, phrenic nerve, mediastinal pleura, parietal pericardium; or tumor in the main bronchus (&lt; 2 cm distal to the carina* but without involvement of the carina; or associated atelectasis or obstructive pneumonitis of the entire lung or separate tumor nodule(s) in the same lobe                  Tumor of any size that invades any of the following: mediastinum, heart, great vessels, trachea, recurrent laryngeal nerve, esophagus, vertebral body, carina, separate tumor nodule(s) in a different ipsilateral lobe</p> <p>* The uncommon superficial spreading tumor of any size with its invasive component limited to the bronchial wall, which may extend proximally to the main bronchus, is also classified as T1a.</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"/> T2a <input type="checkbox"/> T2b <input type="checkbox"/> T3  <input type="checkbox"/> T4
<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N3	<p align="center"><b>REGIONAL LYMPH NODES (N)</b> <b>RSTESTCD=AJCC102</b></p> <p>Regional lymph nodes cannot be assessed                  No regional lymph node metastasis                  Metastasis in ipsilateral peribronchial and/or ipsilateral hilar lymph nodes and intrapulmonary nodes, including involvement by direct extension                  Metastasis in ipsilateral mediastinal and/or subcarinal lymph node(s)                  Metastasis in contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene, or supraclavicular lymph node(s)</p>	<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N3
<input type="checkbox"/> M0 <input type="checkbox"/> M1 <input type="checkbox"/> M1a <input type="checkbox"/> M1b	<p align="center"><b>DISTANT METASTASIS (M)</b> <b>RSTESTCD=AJCC103</b></p> <p>No distant metastasis (no pathologic M0; use clinical M to complete stage group)                  Distant metastasis                  Separate tumor nodule(s) in a contralateral lobe; tumor with pleural nodules or malignant pleural (or pericardial) effusion**                  Distant metastasis (in extrathoracic organs)</p> <p>**Most pleural (and pericardial) effusions with lung cancer are due to tumor. In a few patients, however, multiple cytopathologic examinations of pleural (pericardial) fluid are negative for tumor, and the fluid is nonbloody and is not an exudate. Where</p>	<input type="checkbox"/> M1 <input type="checkbox"/> M1a <input type="checkbox"/> M1b
<b>HOSPITAL NAME/ADDRESS</b>		<b>PATIENT NAME/INFORMATION</b>

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these elements and clinical judgement dictate that the effusion is not related to the tumor, the effusion should be excluded as a staging element and the patient should be classified as M0.

## ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL				RSTESTCD= AJCC104	PATHOLOGIC			
GROUP	T	N	M		GROUP	T	N	M
<input type="checkbox"/> Occult	TX	N0	M0		<input type="checkbox"/> Occult	TX	N0	M0
<input type="checkbox"/> 0	Tis	N0	M0		<input type="checkbox"/> 0	Tis	N0	M0
<input type="checkbox"/> IA	T1a	N0	M0		<input type="checkbox"/> IA	T1a	N0	M0
	T1b	N0	M0			T1b	N0	M0
<input type="checkbox"/> IB	T2a	N0	M0		<input type="checkbox"/> IB	T2a	N0	M0
<input type="checkbox"/> IIA	T2b	N0	M0		<input type="checkbox"/> IIA	T2b	N0	M0
	T1a	N1	M0			T1a	N1	M0
	T1b	N1	M0			T1b	N1	M0
	T2a	N1	M0			T2a	N1	M0
<input type="checkbox"/> IIB	T2b	N1	M0		<input type="checkbox"/> IIB	T2b	N1	M0
	T3	N0	M0			T3	N0	M0
<input type="checkbox"/> IIIA	T1a	N2	M0		<input type="checkbox"/> IIIA	T1a	N2	M0
	T1b	N2	M0			T1b	N2	M0
	T2a	N2	M0			T2a	N2	M0
	T2b	N2	M0			T2b	N2	M0
	T3	N1	M0			T3	N1	M0
	T3	N2	M0			T3	N2	M0
	T4	N0	M0			T4	N0	M0
	T4	N1	M0			T4	N1	M0
<input type="checkbox"/> IIIB	T1a	N3	M0		<input type="checkbox"/> IIIB	T1a	N3	M0
	T1b	N3	M0			T1b	N3	M0
	T2a	N3	M0			T2a	N3	M0
	T2b	N3	M0			T2b	N3	M0
	T3	N3	M0			T3	N3	M0
	T4	N2	M0			T4	N2	M0
	T4	N3	M0			T4	N3	M0
<input type="checkbox"/> IV	Any T	Any N	M1a		<input type="checkbox"/> IV	Any T	Any N	M1a
	Any T	Any N	M1b			Any T	Any N	M1b
<input type="checkbox"/> Stage unknown				<input type="checkbox"/> Stage unknown				

### PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**REQUIRED FOR STAGING:** None

**CLINICALLY SIGNIFICANT:**

Pleural/Elastic Layer Invasion (based on H&E and elastic stains) \_\_\_\_\_

Separate Tumor Nodules \_\_\_\_\_

**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.

This information should be recorded in the appropriate domain (LB, MH, etc.), not as part of the QRS staging standard.

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**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

**Histologic Grade is recorded in the MI domain rather than a QRS domain.**

**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

**As per clinical input from the lung cancer TA team, this information is not being captured as part of the QRS.**

**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

**RSTESTCD=AJCC105**

**General Notes (continued):**

**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.

Clinical stage was used in treatment planning (describe): \_\_\_\_\_

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

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Date/Time

<b>HOSPITAL NAME/ADDRESS</b>	<b>PATIENT NAME/INFORMATION</b>

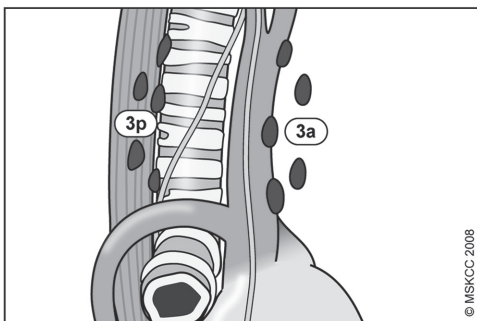
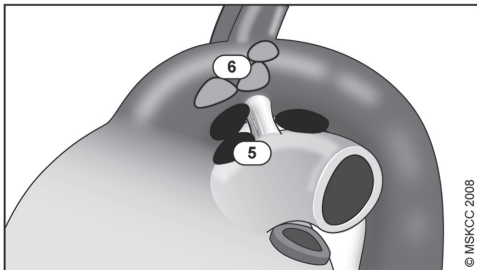
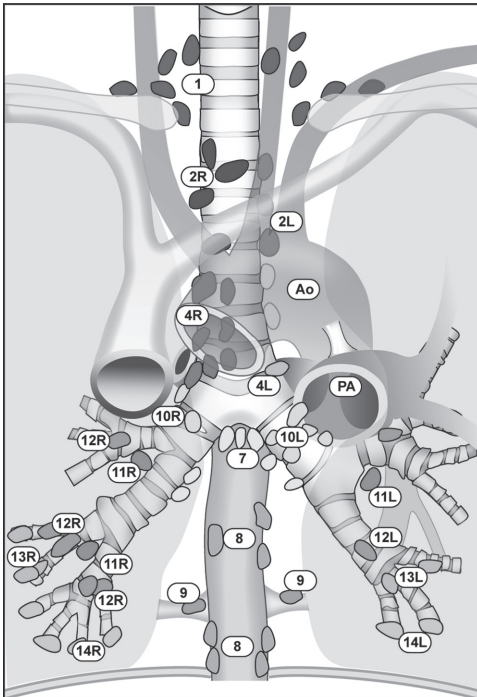
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## Illustration

The IASLC lymph node map shown with the proposed amalgamation of lymph node levels into zones. (© Memorial Sloan-Kettering Cancer Center, 2009.)



### Supraclavicular zone

- 1 Low cervical, supraclavicular, and sternal notch nodes

### Superior Mediastinal Nodes

#### Upper zone

- 2R Upper Paratracheal (right)
- 2L Upper Paratracheal (left)
- 3a Pre-vascular
- 3p Retrotracheal
- 4R Lower Paratracheal (right)
- 4L Lower Paratracheal (left)

### Aortic Nodes

#### AP zone

- 5 Subaortic
- 6 Para-aortic (ascending aorta or phrenic)

### Inferior Mediastinal Nodes

#### Subcarinal zone

- 7 Subcarinal

#### Lower zone

- 8 Paraesophageal (below carina)
- 9 Pulmonary ligament

### N<sub>1</sub> Nodes

#### Hilar/Interlobar zone

- 10 Hilar
- 11 Interlobar

#### Peripheral zone

- 12 Lobar
- 13 Segmental
- 14 Subsegmental

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