

UNIT NUMBER

PT. NAME

BIRTHDATE

LOCATION

DATE

VAGINA

Type of Specimen _____ Histopathologic Type _____

Tumor Size _____

DEFINITIONS

Clinical Pathologic Primary Tumor (T)

TNM FIGO

Categories Stages

Definitions

<input type="checkbox"/>	<input type="checkbox"/>	TX		Primary tumor cannot be assessed
<input type="checkbox"/>	<input type="checkbox"/>	T0		No evidence of primary tumor
<input type="checkbox"/>	<input type="checkbox"/>	Tis	0	Carcinoma <i>in situ</i>
<input type="checkbox"/>	<input type="checkbox"/>	T1	I	Tumor confined to vagina
<input type="checkbox"/>	<input type="checkbox"/>	T2	II	Tumor invades paravaginal tissues but not to pelvic wall
<input type="checkbox"/>	<input type="checkbox"/>	T3	III	Tumor extends to pelvic wall ⁽¹⁾
<input type="checkbox"/>	<input type="checkbox"/>	T4	IVA	Tumor invades mucosa of the bladder or rectum and/or extends beyond the true pelvis (bullous edema is not sufficient evidence to classify a tumor as T4)

Notes

1. Pelvic wall is defined as the muscle, fascia associated neurovascular structures, or skeletal portions of the bony pelvis.

Regional Lymph Nodes (N)

<input type="checkbox"/>	<input type="checkbox"/>	NX	Regional lymph nodes cannot be assessed
<input type="checkbox"/>	<input type="checkbox"/>	N0	No regional lymph node metastasis
<input type="checkbox"/>	<input type="checkbox"/>	N1	Pelvic or inguinal lymph node metastasis

Distant Metastasis (M)

<input type="checkbox"/>	<input type="checkbox"/>	MX	Distant metastasis cannot be assessed
<input type="checkbox"/>	<input type="checkbox"/>	M0	No distant metastasis
<input type="checkbox"/>	<input type="checkbox"/>	M1	IVB Distant metastasis

Biopsy of metastatic site performed..... Y N
 Source of pathologic metastatic specimen _____

Stage Grouping (AJCC/UICC/FIGO)

<input type="checkbox"/>	<input type="checkbox"/>	0	Tis	N0	M0
<input type="checkbox"/>	<input type="checkbox"/>	I	T1	N0	M0
<input type="checkbox"/>	<input type="checkbox"/>	II	T2	N0	M0
<input type="checkbox"/>	<input type="checkbox"/>	III	T1-T3	N1	M0
<input type="checkbox"/>	<input type="checkbox"/>		T3	N0	M0
<input type="checkbox"/>	<input type="checkbox"/>	IVA	T4	Any N	M0
<input type="checkbox"/>	<input type="checkbox"/>	IVB	Any T	Any N	M1

Histologic Grade (G)

- GX Grade cannot be assessed
- G1 Well differentiated
- G2 Moderately differentiated
- G3 Poorly differentiated
- G4 Undifferentiated

Residual Tumor (R)

- RX Presence of residual tumor cannot be assessed
- R0 No residual tumor
- R1 Microscopic residual tumor
- R2 Macroscopic residual tumor

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Additional Descriptors

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.

Prognostic Indicators (if applicable)

Notes

Additional Descriptors

Lymphatic Vessel Invasion (L)

LX Lymphatic vessel invasion cannot be assessed

L0 No lymphatic vessel invasion

L1 Lymphatic vessel invasion

Venous Invasion (V)

VX Venous invasion cannot be assessed

V0 No venous invasion

V1 Microscopic venous invasion

V2 Macroscopic venous invasion

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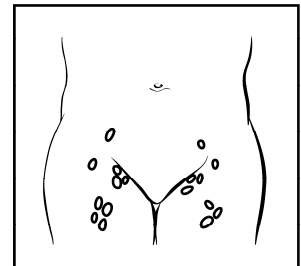
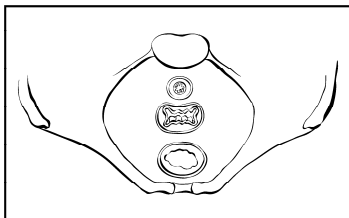
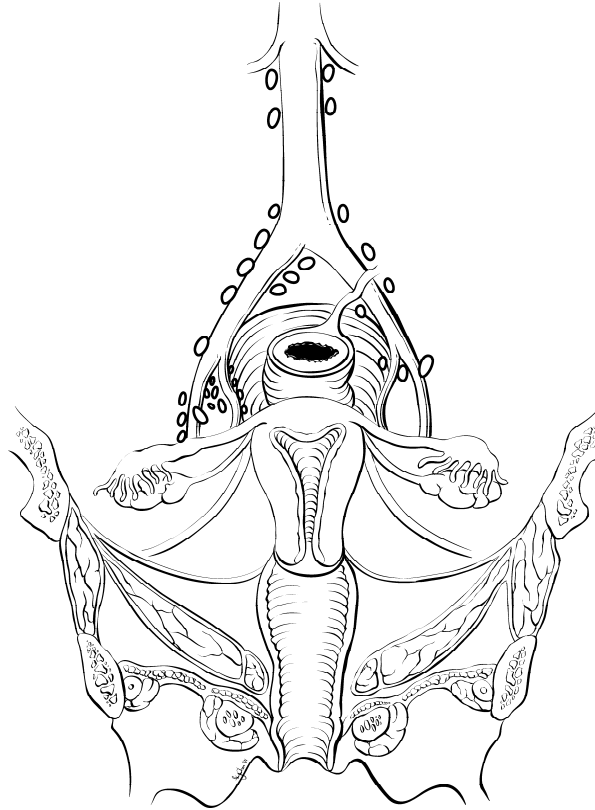
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ILLUSTRATION

Indicate on diagram primary tumor and regional nodes involved.



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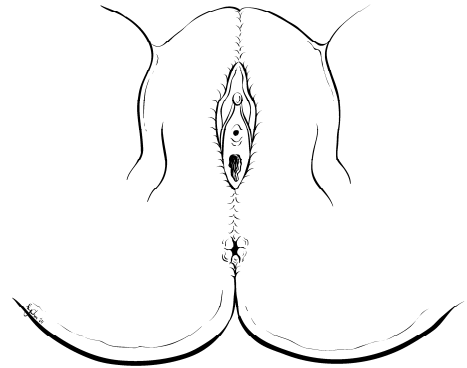
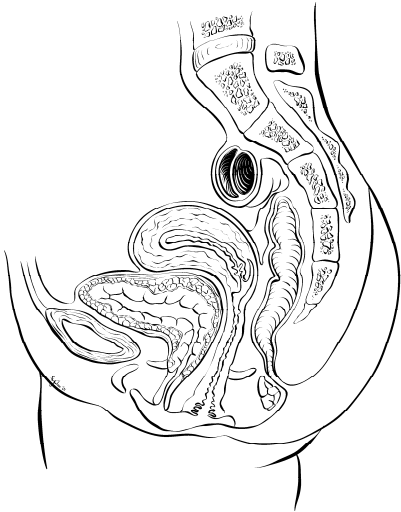
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Indicate on diagram primary tumor and regional nodes involved.



Physician's Signature _____ Date _____