

BREAST 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 clinical – staging completed after neoadjuvant therapy but before subsequent surgery	<p style="text-align: center;">PRIMARY TUMOR (T)</p> <p><input type="checkbox"/> TX Primary tumor cannot be assessed</p> <p><input type="checkbox"/> T0 No evidence of primary tumor</p> <p><input type="checkbox"/> Tis Carcinoma <i>in situ</i></p> <p><input type="checkbox"/> Tis (DCIS) Ductal carcinoma <i>in situ</i></p> <p><input type="checkbox"/> Tis (LCIS) Lobular carcinoma <i>in situ</i></p> <p><input type="checkbox"/> Tis (Paget's) Paget's disease of the nipple is NOT associated with invasive carcinoma and/or carcinoma <i>in situ</i> (DCIS and/or LCIS) in the underlying breast parenchyma. Carcinomas in the breast parenchyma associated with Paget's disease are categorized based on the size and characteristics of the parenchymal disease, although the presence of Paget's disease should still be noted</p> <p><input type="checkbox"/> T1 Tumor ≤20 mm in greatest dimension</p> <p><input type="checkbox"/> T1mi Tumor ≤1 mm in greatest dimension</p> <p><input type="checkbox"/> T1a Tumor >1 mm but ≤5 mm in greatest dimension</p> <p><input type="checkbox"/> T1b Tumor >5 mm but ≤10 mm in greatest dimension</p> <p><input type="checkbox"/> T1c Tumor >10 mm but ≤20 mm in greatest dimension</p> <p><input type="checkbox"/> T2 Tumor >20 mm but ≤50 mm in greatest dimension</p> <p><input type="checkbox"/> T3 Tumor >50 mm in greatest dimension</p> <p><input type="checkbox"/> T4 Tumor of any size with direct extension to the chest wall and/or to the skin (ulceration or skin nodules)*</p> <p><input type="checkbox"/> T4a Extension to the chest wall, not including only pectoralis muscle adherence/invasion</p> <p><input type="checkbox"/> T4b Ulceration and/or ipsilateral satellite nodules and/or edema (including peau d'orange) of the skin which do not meet the criteria for inflammatory carcinoma</p> <p><input type="checkbox"/> T4c Both T4a and T4b</p> <p><input type="checkbox"/> T4d Inflammatory carcinoma**</p> <p><small>*Note: Invasion of the dermis alone does not qualify as T4. **Note: Inflammatory carcinoma is restricted to cases with typical skin changes involving a third or more of the skin of the breast. While the histologic presence of invasive carcinoma invading dermal lymphatics is supportive of the diagnosis, it is not required, nor is dermal lymphatic invasion without typical clinical findings sufficient for a diagnosis of inflammatory breast cancer.</small></p>	<input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
<input type="checkbox"/> NX pNX <input type="checkbox"/> N0 pN0 pN0(i-) pN0(i+) pN0(mol-) pN0(mol+)	<p style="text-align: center;">REGIONAL LYMPH NODES (N)</p> <p><input type="checkbox"/> NX Regional lymph nodes cannot be assessed (e.g., previously removed)</p> <p><input type="checkbox"/> pNX Regional lymph nodes cannot be assessed (e.g., previously removed, or not removed for pathologic study)</p> <p><input type="checkbox"/> N0 No regional lymph node metastases</p> <p><input type="checkbox"/> pN0 No regional lymph node metastasis identified histologically</p> <p><input type="checkbox"/> pN0(i-) No regional lymph node metastases histologically, negative IHC</p> <p><input type="checkbox"/> pN0(i+) Malignant cells in regional lymph node(s) no greater than 0.2 mm (detected by H&E or IHC including ITC)</p> <p><input type="checkbox"/> pN0(mol-) No regional lymph node metastases histologically, negative molecular findings (RT-PCR)</p> <p><input type="checkbox"/> pN0(mol+) Positive molecular findings (RT-PCR), but no regional lymph node metastases detected by histology or IHC</p>	<input type="checkbox"/> NX pNX* N0 <input type="checkbox"/> pN0 <input type="checkbox"/> pN0(i-) <input type="checkbox"/> pN0(i+) <input type="checkbox"/> pN0(mol-) <input type="checkbox"/> pN0(mol+)
HOSPITAL NAME/ADDRESS _____		PATIENT NAME/INFORMATION _____

(continued on next page)

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	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
<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 style="text-align: center;">PRIMARY TUMOR (T)</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 > 2 cm but ≤3 cm in greatest dimension Tumor > 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 > 3 cm but ≤5 cm in greatest dimension Tumor > 5 cm but ≤7 cm in greatest dimension Tumor > 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 (< 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 style="text-align: center;">REGIONAL LYMPH NODES (N)</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 style="text-align: center;">DISTANT METASTASIS (M)</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</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
HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION	

(continued on next page)

PROSTATE STAGING FORM

DISTANT METASTASIS (M)	
<input type="checkbox"/> M0 <input type="checkbox"/> M1 <input type="checkbox"/> M1a <input type="checkbox"/> M1b <input type="checkbox"/> M1c	No distant metastasis Distant metastasis Non-regional lymph node(s) Bone(s) Other site(s) with or without bone disease <i>*Note: When more than one site of metastasis is present, the most advanced category is used. pM1c is most advanced</i>
<input type="checkbox"/> M1 <input type="checkbox"/> M1a <input type="checkbox"/> M1b <input type="checkbox"/> M1c	

ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL						PATHOLOGIC					
GROUP	T	N	M	PSA	Gleason	GROUP	T	N	M	PSA	Gleason
<input type="checkbox"/> I	T1a-c	N0	M0	PSA <10	Gleason ≤ 6	<input type="checkbox"/> I	T1a-c	N0	M0	PSA <10	Gleason ≤ 6
	T2a	N0	M0	PSA <10	Gleason ≤ 6		T2a	N0	M0	PSA <10	Gleason ≤ 6
	T1-2a	N0	M0	PSA X	Gleason X		T1-2a	N0	M0	PSA X	Gleason X
<input type="checkbox"/> IIA	T1a-c	N0	M0	PSA < 20	Gleason 7	<input type="checkbox"/> IIA	T1a-c	N0	M0	PSA < 20	Gleason 7
	T1a-c	N0	M0	PSA ≥10 < 20	Gleason ≤ 6		T1a-c	N0	M0	PSA ≥ 10 < 20	Gleason ≤ 6
	T2a	N0	M0	PSA < 20	Gleason ≤ 7		T2a	N0	M0	PSA < 20	Gleason ≤ 7
	T2b	N0	M0	PSA < 20	Gleason ≤ 7		T2b	N0	M0	PSA < 20	Gleason ≤ 7
	T2b	N0	M0	PSA X	Gleason X		T2b	N0	M0	PSA X	Gleason X
<input type="checkbox"/> IIB	T2c	N0	M0	Any PSA	Any Gleason	<input type="checkbox"/> IIB	T2c	N0	M0	Any PSA	Any Gleason
	T1-2	N0	M0	PSA ≥ 20	Any Gleason		T1-2	N0	M0	PSA ≥ 20	Any Gleason
	T1-2	N0	M0	Any PSA	Gleason ≥ 8		T1-2	N0	M0	Any PSA	Gleason ≥ 8
<input type="checkbox"/> III	T3a-b	N0	M0	Any PSA	Any Gleason	<input type="checkbox"/> III	T3a-b	N0	M0	Any PSA	Any Gleason
<input type="checkbox"/> IV	T4	N0	M0	Any PSA	Any Gleason	<input type="checkbox"/> IV	T4	N0	M0	Any PSA	Any Gleason
	Any T	N1	M0	Any PSA	Any Gleason		Any T	N1	M0	Any PSA	Any Gleason
	Any T	Any N	M1	Any PSA	Any Gleason		Any T	Any N	M1	Any PSA	Any Gleason

**When either PSA or Gleason is not available, grouping should be determined by T stage and/or either PSA or Gleason as available.*

Stage unknown

PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)	General Notes:
REQUIRED FOR STAGING: Prostate Specific Antigen Gleason score CLINICALLY SIGNIFICANT: Gleason primary and secondary patterns: _____ Gleason Tertiary Pattern: _____ Clinical Staging procedures performed: _____ Number of biopsy cores examined: _____ Number of biopsy cores positive for cancer: _____	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.

HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION
------------------------------	---------------------------------

(continued from previous page)

LUNG STAGING FORM

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				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
<input type="checkbox"/>	IIB	T2a	N1	M0	<input type="checkbox"/>	IIB	T2a	N1	M0
		T2b	N1	M0			T2b	N1	M0
<input type="checkbox"/>	IIIB	T3	N0	M0	<input type="checkbox"/>	IIIB	T3	N0	M0
		T4	N0	M0			T4	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
<input type="checkbox"/>	IIIB	T4	N1	M0	<input type="checkbox"/>	IIIB	T4	N1	M0
		T1a	N3	M0			T1a	N3	M0
		T1b	N3	M0			T1b	N3	M0
		T2a	N3	M0			T2a	N3	M0
		T2b	N3	M0			T2b	N3	M0
<input type="checkbox"/>	IV	T3	N3	M0	<input type="checkbox"/>	IV	T3	N3	M0
		T4	N2	M0			T4	N2	M0
		T4	N3	M0			T4	N3	M0
<input type="checkbox"/>	Stage unknown	Any T	Any N	M1a	<input type="checkbox"/>	Stage unknown	Any T	Any N	M1a
<input type="checkbox"/>	Stage unknown	Any T	Any N	M1b	<input type="checkbox"/>	Stage unknown	Any T	Any N	M1b

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.

HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION

(continued from previous page)

BREAST STAGING FORM

<input type="checkbox"/>	N1	Metastases to movable ipsilateral level I, II axillary lymph node(s)	<input type="checkbox"/>	N1
	pN1	Micrometastases; or metastases in 1 to 3 axillary lymph nodes; and/or in internal mammary nodes with metastases detected by sentinel lymph node biopsy but not clinically detected**		pN1
	pN1mi	Micrometastases (greater than 0.2 mm and/or more than 200 cells, but none greater than 2.0 mm)		<input type="checkbox"/> pN1mi
	pN1a	Metastases in 1 to 3 axillary lymph nodes, at least one metastasis greater than 2.0 mm		<input type="checkbox"/> pN1a
	pN1b	Metastases in internal mammary nodes with micrometastases or macrometastases detected by sentinel lymph node biopsy but not clinically detected**		<input type="checkbox"/> pN1b
	pN1c	Metastases in 1 to 3 axillary lymph nodes and in internal mammary lymph nodes with micrometastases or macrometastases detected by sentinel lymph node biopsy but not clinically detected**		<input type="checkbox"/> pN1c
<input type="checkbox"/>	N2	Metastases in ipsilateral level I, II axillary lymph nodes that are clinically fixed or matted; or in clinically detected* ipsilateral internal mammary nodes in the <i>absence</i> of clinically evident axillary lymph node metastases		<input type="checkbox"/> pN2
	pN2	Metastases in 4 to 9 axillary lymph nodes; or in clinically detected*** internal mammary lymph nodes in the <i>absence</i> of axillary lymph node metastases		
<input type="checkbox"/>	N2a	Metastases in ipsilateral axillary lymph nodes fixed to one another (matted) or to other structures		<input type="checkbox"/> pN2a
	pN2a	Metastases in 4 to 9 axillary lymph nodes (at least one tumor deposit greater than 2.0 mm)		
<input type="checkbox"/>	N2b	Metastases only in clinically detected*** ipsilateral internal mammary nodes and in the <i>absence</i> of clinically evident axillary lymph node metastases		<input type="checkbox"/> pN2b
	pN2b	Metastases in clinically detected*** internal mammary lymph nodes in the <i>absence</i> of axillary lymph node metastases		
<input type="checkbox"/>	N3	Metastases in ipsilateral infraclavicular (level III axillary) lymph node(s) with or without level I, II axillary lymph node involvement; or in clinically detected* ipsilateral internal mammary lymph node(s) with clinically evident level I, II axillary lymph node metastases; or metastases in ipsilateral supraclavicular lymph node(s) with or without axillary or internal mammary lymph node involvement		<input type="checkbox"/> pN3
	pN3	Metastases in 10 or more axillary lymph nodes; or in infraclavicular (level III axillary) lymph nodes; or in clinically detected*** ipsilateral internal mammary lymph nodes in the <i>presence</i> of 1 or more positive level I, II axillary lymph nodes; or in more than 3 axillary lymph nodes and in internal mammary lymph nodes with micrometastases or macrometastases detected by sentinel lymph node biopsy but not clinically detected**; or in ipsilateral supraclavicular lymph nodes		
<input type="checkbox"/>	N3a	Metastases in ipsilateral infraclavicular lymph node(s)		<input type="checkbox"/> pN3a
	pN3a	Metastases in 10 or more axillary lymph nodes (at least one tumor deposit greater than 2.0 mm); or metastases to the infraclavicular (level III axillary lymph) nodes		
<input type="checkbox"/>	N3b	Metastases in ipsilateral internal mammary lymph node(s) and axillary lymph node(s)		<input type="checkbox"/> pN3b
	pN3b	Metastases in clinically detected*** ipsilateral internal mammary lymph nodes in the <i>presence</i> of 1 or more positive axillary lymph nodes; or in more than 3 axillary lymph nodes and in internal mammary lymph nodes with micrometastases or macrometastases detected by sentinel lymph node biopsy but not clinically detected**		
<input type="checkbox"/>	N3c	Metastases in ipsilateral supraclavicular lymph node(s)		

HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION

(continued from previous page)

BREAST STAGING FORM

<p><input type="checkbox"/> pN3c</p>	<p>Metastases in ipsilateral supraclavicular lymph nodes</p> <p>*Classification is based on axillary lymph node dissection with or without sentinel lymph node biopsy. Classification based solely on sentinel lymph node biopsy without subsequent axillary lymph node dissection is designated (sn) for "sentinel node," for example, pN0(sn).</p> <p>**Note: Not clinically detected is defined as not detected by imaging studies (excluding lymphoscintigraphy) or not detected by clinical examination.</p> <p>***Note: Clinically detected is defined as detected by imaging studies (excluding lymphoscintigraphy) or by clinical examination and having characteristics highly suspicious for malignancy or a presumed pathologic macrometastasis based on fine needle aspiration biopsy with cytologic examination. Confirmation of clinically detected metastatic disease by fine needle aspiration without excision biopsy is designated with an (f) suffix, for example, cN3a(f). Excisional biopsy of a lymph node or biopsy of a sentinel node, in the absence of assignment of a pT, is classified as a clinical N, for example, cN1. Information regarding the confirmation of the nodal status will be designated in sitespecific factors as clinical, fine needle aspiration, core biopsy, or sentinel lymph node biopsy. Pathologic classification (pN) is used for excision or sentinel lymph node biopsy only in conjunction with a pathologic T assignment.</p> <p>Note: Isolated tumor cell clusters (ITC) are defined as small clusters of cells not greater than 0.2 mm, or single tumor cells, or a cluster of fewer than 200 cells in a single histologic cross-section. ITCs may be detected by routine histology or by immunohistochemical (IHC) methods. Nodes containing only ITCs are excluded from the total positive node count for purposes of N classification but should be included in the total number of nodes evaluated</p>	<p><input type="checkbox"/> pN3c</p>
<p><input type="checkbox"/> M0</p> <p><input type="checkbox"/> cM0(i+)</p> <p><input type="checkbox"/> M1</p>	<p>DISTANT METASTASIS (M)</p> <p>No clinical or radiographic evidence of distant metastases (no pathologic M0; use clinical M to complete stage group)</p> <p>No clinical or radiographic evidence of distant metastases, but deposits of molecularly or microscopically detected tumor cells in circulating blood, bone marrow or other non-regional nodal tissue that are no larger than 0.2 mm in a patient without symptoms or signs of metastases</p> <p>Distant detectable metastases as determined by classic clinical and radiographic means and/or histologically proven larger than 0.2 mm</p>	<p><input type="checkbox"/> M1</p>

<p>HOSPITAL NAME/ADDRESS</p>	<p>PATIENT NAME/INFORMATION</p>
-------------------------------------	--

(continued on next page)

BREAST STAGING FORM

ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL				PATHOLOGIC			
GROUP	T	N	M	GROUP	T	N	M
<input type="checkbox"/> 0	Tis	N0	M0	<input type="checkbox"/> 0	Tis	N0	M0
<input type="checkbox"/> IA	T1*	N0	M0	<input type="checkbox"/> IA	T1*	N0	M0
<input type="checkbox"/> IB	T0	N1mi	M0	<input type="checkbox"/> IB	T0	N1mi	M0
	T1*	N1mi	M0		T1*	N1mi	M0
<input type="checkbox"/> IIA	T0	N1**	M0	<input type="checkbox"/> IIA	T0	N1**	M0
	T1*	N1**	M0		T1*	N1**	M0
	T2	N0	M0		T2	N0	M0
<input type="checkbox"/> IIB	T2	N1	M0	<input type="checkbox"/> IIB	T2	N1	M0
	T3	N0	M0		T3	N0	M0
<input type="checkbox"/> IIIA	T0	N2	M0	<input type="checkbox"/> IIIA	T0	N2	M0
	T1*	N2	M0		T1*	N2	M0
	T2	N2	M0		T2	N2	M0
	T3	N1	M0		T3	N1	M0
	T3	N2	M0		T3	N2	M0
<input type="checkbox"/> IIIB	T4	N0	M0	<input type="checkbox"/> IIIB	T4	N0	M0
	T4	N1	M0		T4	N1	M0
	T4	N2	M0		T4	N2	M0
<input type="checkbox"/> Stage IIIC	Any T	N3	M0	<input type="checkbox"/> Stage IIIC	Any T	N3	M0
<input type="checkbox"/> Stage IV	Any T	Any N	M1	<input type="checkbox"/> Stage IV	Any T	Any N	M1

* T1 includes T1mi
 ** T0 and T1 tumors with nodal micrometastases only are excluded from Stage IIA and are classified Stage IB.

Stage unknown

PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

REQUIRED FOR STAGING: None

CLINICALLY SIGNIFICANT:

Paget's disease: _____

Tumor grade (Scarff-Bloom-Richardson system): _____

Estrogen receptor and test method (IHC, RT-PCR, other): _____

Progesterone receptor and test method (IHC, RT-PCR, other): _____

HER2 status and test method (IHC, FISH, CISH, RT-PCR, other): _____

Method of lymph node assessment (e.g., clinical, fine needle aspiration; core biopsy; sentinel lymph node biopsy): _____

IHC of regional lymph nodes: _____

Molecular studies of regional lymph nodes: _____

Distant metastases method of detection (clinical, radiographic, biopsy): _____

Circulating Tumor Cells (CTC) and method of detection (RT-PCR, immunomagnetic separation, other): _____

Disseminated Tumor Cells (DTC; bone marrow micrometastases) and method of detection (RT-PCR, immunohistochemical, other): _____

Multi-gene signature score: _____

Response to neoadjuvant therapy will be collected in the registry but does not affect the post-neoadjuvant stage: _____

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.

HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION

(continued from previous page)