

## LIVER STAGING FORM

| CLINICAL<br><i>Extent of disease before any treatment</i>  | STAGE CATEGORY DEFINITIONS   | PATHOLOGIC<br><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> _____<br><b>LATERALITY:</b><br><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<br><input type="checkbox"/> T0<br><input type="checkbox"/> T1<br><input type="checkbox"/> T2<br><input type="checkbox"/> T3a<br><input type="checkbox"/> T3b<br><input type="checkbox"/> T4  | <b>PRIMARY TUMOR (T)</b><br>Primary tumor cannot be assessed<br>No evidence of primary tumor<br>Solitary tumor without vascular invasion<br>Solitary tumor with vascular invasion or multiple tumors none more than 5 cm<br>Multiple tumors more than 5 cm<br>Single tumor or multiple tumors of any size involving a major branch of the portal vein or hepatic vein<br>Tumor(s) with direct invasion of adjacent organs other than the gallbladder or with perforation of visceral peritoneum. | <input type="checkbox"/> TX<br><input type="checkbox"/> T0<br><input type="checkbox"/> T1<br><input type="checkbox"/> T2<br><input type="checkbox"/> T3a<br><input type="checkbox"/> T3b<br><input type="checkbox"/> T4  |    |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |  |       |   |   |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |
| <input type="checkbox"/> NX<br><input type="checkbox"/> N0<br><input type="checkbox"/> N1  | <b>REGIONAL LYMPH NODES (N)</b><br>Regional lymph nodes cannot be assessed<br>No regional lymph node metastasis<br>Regional lymph node metastasis  | <input type="checkbox"/> NX<br><input type="checkbox"/> N0<br><input type="checkbox"/> N1  |    |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |  |       |   |   |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |
| <input type="checkbox"/> M0<br><input type="checkbox"/> M1   | <b>DISTANT METASTASIS (M)</b><br>No distant metastasis (no pathologic M0; use clinical M to complete stage group)<br>Distant metastasis  | <input type="checkbox"/> M1  |    |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |  |       |   |   |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |
| ANATOMIC STAGE • PROGNOSTIC GROUPS   |  |  |    |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |  |       |   |   |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">GROUP</th> <th style="width: 15%;">T</th> <th style="width: 15%;">N</th> <th style="width: 15%;">M</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> I</td><td>T1</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> II</td><td>T2</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> IIIA</td><td>T3a</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> IIIB</td><td>T3b</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> IIIC</td><td>T4</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> IVA</td><td>any T</td><td>N1</td><td>M0</td></tr> <tr><td><input type="checkbox"/> IVB</td><td>any T</td><td>any N</td><td>M1</td></tr> <tr><td colspan="4"><input type="checkbox"/> Stage unknown</td></tr> </tbody> </table> | GROUP  | T  | N  | M | <input type="checkbox"/> I | T1 | N0 | M0 | <input type="checkbox"/> II | T2 | N0 | M0 | <input type="checkbox"/> IIIA | T3a | N0 | M0 | <input type="checkbox"/> IIIB | T3b | N0 | M0 | <input type="checkbox"/> IIIC | T4 | N0 | M0 | <input type="checkbox"/> IVA | any T | N1 | M0 | <input type="checkbox"/> IVB | any T | any N | M1 | <input type="checkbox"/> Stage unknown |  |  |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">GROUP</th> <th style="width: 15%;">T</th> <th style="width: 15%;">N</th> <th style="width: 15%;">M</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> I</td><td>T1</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> II</td><td>T2</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> IIIA</td><td>T3a</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> IIIB</td><td>T3b</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> IIIC</td><td>T4</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> IVA</td><td>any T</td><td>N1</td><td>M0</td></tr> <tr><td><input type="checkbox"/> IVB</td><td>any T</td><td>any N</td><td>M1</td></tr> <tr><td colspan="4"><input type="checkbox"/> Stage unknown</td></tr> </tbody> </table> | GROUP | T | N | M | <input type="checkbox"/> I | T1 | N0 | M0 | <input type="checkbox"/> II | T2 | N0 | M0 | <input type="checkbox"/> IIIA | T3a | N0 | M0 | <input type="checkbox"/> IIIB | T3b | N0 | M0 | <input type="checkbox"/> IIIC | T4 | N0 | M0 | <input type="checkbox"/> IVA | any T | N1 | M0 | <input type="checkbox"/> IVB | any T | any N | M1 | <input type="checkbox"/> Stage unknown |  |  |  |
| GROUP  | T  | N  | M  |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |  |       |   |   |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |
| <input type="checkbox"/> I   | T1   | N0   | M0 |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |  |       |   |   |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |
| <input type="checkbox"/> II  | T2   | N0   | M0 |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |  |       |   |   |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |
| <input type="checkbox"/> IIIA  | T3a  | N0   | M0 |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |  |       |   |   |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |
| <input type="checkbox"/> IIIB  | T3b  | N0   | M0 |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |  |       |   |   |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |
| <input type="checkbox"/> IIIC  | T4   | N0   | M0 |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |  |       |   |   |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |
| <input type="checkbox"/> IVA   | any T  | N1   | M0 |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |  |       |   |   |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |
| <input type="checkbox"/> IVB   | any T  | any N  | M1 |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |  |       |   |   |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |
| <input type="checkbox"/> Stage unknown   |  |  |    |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |  |       |   |   |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |
| GROUP  | T  | N  | M  |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |  |       |   |   |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |
| <input type="checkbox"/> I   | T1   | N0   | M0 |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |  |       |   |   |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |
| <input type="checkbox"/> II  | T2   | N0   | M0 |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |  |       |   |   |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |
| <input type="checkbox"/> IIIA  | T3a  | N0   | M0 |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |  |       |   |   |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |
| <input type="checkbox"/> IIIB  | T3b  | N0   | M0 |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |  |       |   |   |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |
| <input type="checkbox"/> IIIC  | T4   | N0   | M0 |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |  |       |   |   |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |
| <input type="checkbox"/> IVA   | any T  | N1   | M0 |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |  |       |   |   |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |
| <input type="checkbox"/> IVB   | any T  | any N  | M1 |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |  |       |   |   |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |
| <input type="checkbox"/> Stage unknown   |  |  |    |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |  |       |   |   |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |
| <b>PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)</b><br><b>REQUIRED FOR STAGING:</b> None<br><b>CLINICALLY SIGNIFICANT:</b><br>Alpha Fetoprotein (AFP) _____<br>Fibrosis Score _____<br>Hepatitis Serology _____<br>Creatinine (part of the Model for End Stage Liver Disease score) _____<br>Bilirubin (part of the Model for End Stage Liver Disease score) _____<br>Prothrombin time international normalized ratio (INR) (part of the Model for End Stage Liver Disease score) _____  |  | <b>General Notes:</b><br>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.<br><br><b>m suffix</b> indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM. |    |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |  |       |   |   |   |                            |    |    |    |                             |    |    |    |                               |     |    |    |                               |     |    |    |                               |    |    |    |                              |       |    |    |                              |       |       |    |  |  |  |  |

|                              |                                 |
|------------------------------|---------------------------------|
| <b>HOSPITAL NAME/ADDRESS</b> | <b>PATIENT NAME/INFORMATION</b> |
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## LIVER STAGING FORM

**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

**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):**

**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

HOSPITAL NAME/ADDRESS

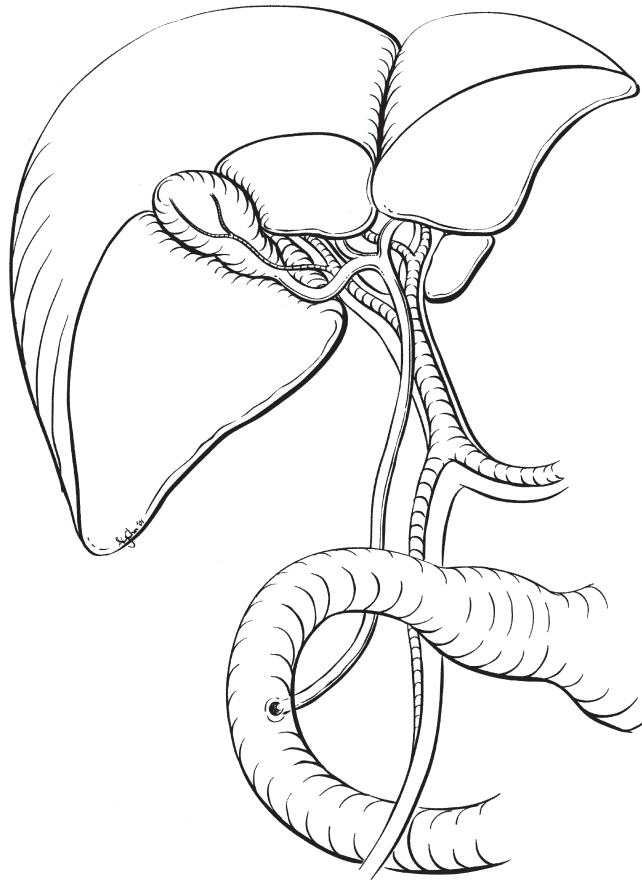
PATIENT NAME/INFORMATION

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# LIVER STAGING FORM

## Illustration

Indicate on diagram primary tumor and regional nodes involved.



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