### HODGKIN/NONHODGKIN LYMPHOMA STAGING FORM

<table>
<thead>
<tr>
<th>Clinical Extent of Disease before any treatment</th>
<th>Stage Category Definitions</th>
<th>Pathologic Extent of disease through completion of definitive surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ y clinical-staging completed after neoadjuvant therapy but before subsequent surgery</td>
<td>☐ y pathologic - staging completed after neoadjuvant therapy AND subsequent surgery</td>
<td></td>
</tr>
</tbody>
</table>

#### PRIMARY TUMOR (T)
- No T category exists for Hodgkin and Non-Hodgkin Lymphoma

#### REGIONAL LYMPH NODES (N)
- No N category exists for Hodgkin and Non-Hodgkin Lymphoma

#### DISTANT METASTASIS (M)
- No M category exists for Hodgkin and Non-Hodgkin Lymphoma

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### CLINICAL

**GROUP**

- I: Involvement of a single lymphatic site (i.e., nodal region, Waldeyer's ring, thymus or spleen) (I); or localized involvement of a single extralymphatic organ or site in the absence of any lymph node involvement (IE) (rare in Hodgkin lymphoma).

- II: Involvement of two or more lymph node regions on the same side of the diaphragm (II), or localized involvement of a single extralymphatic organ or site in association with regional lymph node involvement with or without involvement of other lymph node regions on the same side of the diaphragm (IIIE). The number of regions involved may be indicated by a subscript, as in, for example, IIa.

- III: Involvement of lymph node regions on both sides of the diaphragm (IIII), which also may be accompanied by extralymphatic extension in association with adjacent lymph node involvement (IIIE) or by involvement of the spleen (IIIS) or both (IIIES). Splenic involvement is designated by the letter S.

- IV: Diffuse or disseminated involvement of one or more extralymphatic organs, with or without associated lymph node involvement; or isolated extralymphatic organ involvement in the absence of adjacent regional lymph node involvement, but in conjunction with disease in distant site(s). Stage IV includes any involvement of the liver or bone marrow, lungs (other than by direct extension from another site), or cerebrospinal fluid.

Modifiers for Group:
- ☐ E Extranodal
- ☐ S Spleen

A & B Classification (Symptoms)
- ☐ A Asymptomatic
- ☐ B Symptomatic: fevers, night sweats, weight loss
- ☐ Stage unknown

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### PATHOLOGIC

**GROUP**

- I: Involvement of a single lymphatic site (i.e., nodal region, Waldeyer's ring, thymus or spleen) (I); or localized involvement of a single extralymphatic organ or site in the absence of any lymph node involvement (IE) (rare in Hodgkin lymphoma).

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# Data Form for Cancer Staging

## HODGKIN/NHL LYMPHOMA STAGING FORM

### PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**REQUIRED FOR STAGING:** None

**CLINICALLY SIGNIFICANT:**
- Associated with HIV/AIDS
- Symptoms at diagnosis (B symptoms)
- International Prognostic Index (IPI) score
- Follicular Lymphoma Prognostic Index (FLIPI) score
- International Prognostic Score (IPS)

### 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 available</td>
<td>Grade IV or 4</td>
</tr>
</tbody>
</table>

### 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

- Clinical stage was used in treatment planning (describe): 

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

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Physician signature

Date/Time

Form No: MR0666

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Data Form for Cancer Staging

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Illustration

Indicate on diagram primary tumor and regional nodes involved.

Lymph nodes above the diaphragm
1. Waldeyer’s ring
2. Cervical, supraclavicular, occipital, and pre-auricular
3. Infraclavicular
4. Axillary and pectoral
5. Mediastinal
6. Hilar
7. Epitrochlear and brachial

Lymph nodes below the diaphragm
8. Spleen
9. Mesenteric
10. Paraortic
11. Iliac
12. Inguinal and femoral
13. Popliteal