### KIDNEY STAGING FORM

#### Clinical Extent of Disease before any treatment

- **Stage Category Definitions**
- **Pathologic Extent of disease through completion of definitive surgery**

<table>
<thead>
<tr>
<th>Clinical</th>
<th>Pathologic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tumor size: _________</td>
<td>Latenality: □Left □Right □Bilateral</td>
</tr>
</tbody>
</table>

#### PRIMARY TUMOR (T)

- **T0**: No evidence of primary tumor
- **T1**: Tumor 7 cm or less in greatest dimension, limited to the kidney
- **T1a**: Tumor 4 cm or less in greatest dimension, limited to the kidney
- **T1b**: Tumor more than 4 cm but not more than 7 cm in greatest dimension limited to the kidney
- **T2**: Tumor more than 7 cm in greatest dimension, limited to the kidney
- **T2a**: Tumor more than 7 cm but less than or equal to 10 cm in greatest dimension, limited to the kidney
- **T2b**: Tumor more than 10 cm, limited to the kidney
- **T3**: Tumor extends into major veins or perinephric tissues but not into ipsilateral adrenal gland and not beyond Gerota’s fascia
- **T3a**: Tumor grossly extends into the renal vein or its segmental (muscle containing) branches, or tumor invades perirenal and/or renal sinus fat but not beyond Gerota’s fascia
- **T3b**: Tumor grossly extends into the vena cava below the diaphragm
- **T3c**: Tumor grossly extends into the vena cava above the diaphragm or invades the wall of the vena cava
- **T4**: Tumor invades beyond Gerota's fascia (including contiguous extension into the ipsilateral adrenal gland)

#### REGIONAL LYMPH NODES (N)

- **NX**: Regional lymph nodes cannot be assessed
- **N0**: No regional lymph node metastasis
- **N1**: Regional lymph node metastasis

#### DISTANT METASTASIS (M)

- **M0**: No distant metastasis (no pathologic M0; use clinical M to complete stage group)
- **M1**: Distant metastasis

### ANATOMIC STAGE • PROGNOSTIC GROUPS

#### CLINICAL

<table>
<thead>
<tr>
<th>GROUP</th>
<th>T</th>
<th>N</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>T1</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>II</td>
<td>T2</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>III</td>
<td>T1 or T2</td>
<td>N1</td>
<td>M0</td>
</tr>
<tr>
<td></td>
<td>T3</td>
<td>N0 or N1</td>
<td>M0</td>
</tr>
<tr>
<td>IV</td>
<td>T4</td>
<td>Any N</td>
<td>M0</td>
</tr>
<tr>
<td></td>
<td>Any T</td>
<td>Any N</td>
<td>M1</td>
</tr>
</tbody>
</table>

#### PATHOLOGIC

<table>
<thead>
<tr>
<th>GROUP</th>
<th>T</th>
<th>N</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>T1</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>II</td>
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<td>M0</td>
</tr>
<tr>
<td>IV</td>
<td>T4</td>
<td>Any N</td>
<td>M0</td>
</tr>
</tbody>
</table>

|       | Any T | Any N | M1|

- **Stage unknown**
Data Form for Cancer Staging

KIDNEY STAGING FORM

PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

REQUIRED FOR STAGING: None

CLINICALLY SIGNIFICANT:

- Invasion beyond capsule into fat or perirenal tissues:
- Venous involvement:
- Adrenal extension:
- Fuhrman Grade:
- Sarcomatoid features:
- Histologic tumor necrosis:
- Extraneodal extension:
- Size of metastases in lymph nodes:

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 Vascular 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:

For classification of special cases of TNM or pTNM classifications, the 'm' suffix and 'y', 'r', and 'p' prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.

- m suffix indicates the presence of metastasis to 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 cT(m) or pTNM category is determined by a "y" prefix. The ycT(m) or ypTNM categorizes the extent of tumor actually presented 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: rT(m).

- A prefix designates the stage determined at autopsy: aTNM.

- Surgical margins are 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
Illustration

Indicate on diagram primary tumor and regional nodes involved.