# LIVER 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>Tumor size: □ Left □ Right □ Bilateral</td>
<td>□ y pathologic -staging completed after neoadjuvant therapy AND subsequent surgery</td>
</tr>
</tbody>
</table>

### PRIMARY TUMOR (T)
- □ TX: Primary tumor cannot be assessed
- □ T0: No evidence of primary tumor
- □ T1: Solitary tumor without vascular invasion
- □ T2: Solitary tumor with vascular invasion or multiple tumors none more than 5 cm
- □ T3a: Multiple tumors more than 5 cm
- □ T3b: Single tumor or multiple tumors of any size involving a major branch of the portal vein or hepatic vein
- □ T4: Tumor(s) with direct invasion of adjacent organs other than the gallbladder or with perforation of visceral peritoneum

### REGIONAL LYMPH NODES (N)
- □ N0: Regional lymph nodes cannot be assessed
- □ N1: No regional lymph node metastasis
- □ N2: 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

<table>
<thead>
<tr>
<th>GROUP</th>
<th>CLINICAL</th>
<th>PATHOLOGIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>T1</td>
<td>N0</td>
</tr>
<tr>
<td>II</td>
<td>T2</td>
<td>N0</td>
</tr>
<tr>
<td>IIIA</td>
<td>T3a</td>
<td>N0</td>
</tr>
<tr>
<td>IIIB</td>
<td>T3b</td>
<td>N0</td>
</tr>
<tr>
<td>IIC</td>
<td>T4</td>
<td>N0</td>
</tr>
<tr>
<td>IVA</td>
<td>any T</td>
<td>N1</td>
</tr>
<tr>
<td>IVB</td>
<td>any T</td>
<td>any N</td>
</tr>
</tbody>
</table>

- □ Stage unknown

### PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**REQUERED FOR STAGING:** None

**CLINICALLY SIGNIFICANT:**
- Alpha Fetoprotein (AFP)
- Fibrosis Score
- Hepatitis Serology
- Creatinine (part of the Model for End Stage Liver Disease score)
- Bilirubin (part of the Model for End Stage Liver Disease score)
- Prothrombin time international normalized ratio (INR) (part of the Model for End Stage Liver Disease score)

**General Notes:**
For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y", "i", and "n" 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.
Data Form for Cancer Staging
LIVER STAGING FORM

<table>
<thead>
<tr>
<th>Histologic Grade (G) (also known as overall grade)</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 is 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

**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
Illustration
Indicate on diagram primary
tumor and regional nodes
involved.