# Pleural Mesothelioma Staging Form

<table>
<thead>
<tr>
<th>Clinical Extent of Disease before any treatment</th>
<th>Stage Category Definitions</th>
<th>Pathologic Extent of disease during and from surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ y clinical-staging completed after neoadjuvant therapy but before subsequent surgery</td>
<td>Tumor size: _______</td>
<td>□ y pathologic-staging completed after neoadjuvant therapy AND subsequent surgery</td>
</tr>
<tr>
<td>Tumor also involving the visceral pleura</td>
<td>Laterality</td>
<td></td>
</tr>
<tr>
<td>□ Left</td>
<td>□ Left □ Right □ Bilateral</td>
<td></td>
</tr>
<tr>
<td>□ Right</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Bilateral</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Primary Tumor (T)

- **T1**: Tumor limited to the ipsilateral parietal pleura with or without mediastinal pleura and with or without diaphragmatic pleural involvement
  - □ No involvement of the visceral pleura
  - □ Tumor also involving the visceral pleura
  - Tumor involving each of the ipsilateral pleural surfaces (parietal, mediastinal, diaphragmatic, and visceral pleura) with at least one of the following features:
    - □ involvement of diaphragmatic muscle
    - □ extension of tumor from visceral pleura into the underlying pulmonary parenchyma
    - □ Locally advanced but potentially resectable tumor
    - Tumor involving all of the ipsilateral pleural surfaces (parietal, mediastinal, diaphragmatic, and visceral pleura) with at least one of the following features:
      - □ involvement of the endothoracic fascia
      - □ extension into the mediastinal fat
      - □ solitary, completely resectable focus of tumor extending into the soft tissues of the chest wall
      - □ non-transmural involvement of the pericardium
    - □ T3

- **T2**: Tumor involving the parietal pleura
  - □ No involvement of the visceral pleura
  - □ Tumor also involving the visceral pleura
  - □ Tumor involving each of the ipsilateral pleural surfaces (parietal, mediastinal, diaphragmatic, and visceral pleura) with at least one of the following features:
    - □ involvement of diaphragmatic muscle
    - □ extension of tumor from visceral pleura into the underlying pulmonary parenchyma
    - □ Locally advanced but potentially resectable tumor
    - Tumor involving all of the ipsilateral pleural surfaces (parietal, mediastinal, diaphragmatic, and visceral pleura) with at least one of the following features:
      - □ involvement of the endothoracic fascia
      - □ extension into the mediastinal fat
      - □ solitary, completely resectable focus of tumor extending into the soft tissues of the chest wall
      - □ non-transmural involvement of the pericardium
    - □ T3

- **T4**: Tumor involving the visceral pleura
  - □ No involvement of the parietal pleura
  - □ Tumor also involving the parietal pleura
  - □ Tumor involving each of the ipsilateral pleural surfaces (parietal, mediastinal, diaphragmatic, and visceral pleura) with at least one of the following features:
    - □ involvement of diaphragmatic muscle
    - □ extension of tumor from parietal pleura into the underlying pulmonary parenchyma
    - □ Locally advanced but potentially resectable tumor
    - Tumor involving all of the ipsilateral pleural surfaces (parietal, mediastinal, diaphragmatic, and visceral pleura) with at least one of the following features:
      - □ involvement of the endothoracic fascia
      - □ extension into the mediastinal fat
      - □ solitary, completely resectable focus of tumor extending into the soft tissues of the chest wall
      - □ non-transmural involvement of the pericardium
    - □ T3

### Regional Lymph Nodes (N)

- **N0**: No regional lymph node metastases
- **N1**: Metastases in the ipsilateral hilar lymph nodes
- **N2**: Metastases in the subcarinal or the ipsilateral mediastinal lymph nodes
- **N3**: Metastases in the contralateral mediastinal, contralateral internal mammary, ipsilateral or contralateral supraclavicular lymph nodes

### Distant Metastasis (M)

- **M0**: No distant metastasis (no pathologic M0; use clinical M to complete stage group)
- **M1**: Distant metastasis
Data Form for Cancer Staging
PLEURAL MESOTHELIOMA STAGING FORM

<table>
<thead>
<tr>
<th>GROUP</th>
<th>CLINICAL</th>
<th>PATHOLOGIC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>T</td>
<td>N</td>
</tr>
<tr>
<td>I</td>
<td>T1</td>
<td>N0</td>
</tr>
<tr>
<td>IA</td>
<td>T1a</td>
<td>N0</td>
</tr>
<tr>
<td>IB</td>
<td>T1b</td>
<td>N0</td>
</tr>
<tr>
<td>II</td>
<td>T2</td>
<td>N0</td>
</tr>
<tr>
<td>III</td>
<td>T1, T2</td>
<td>N1</td>
</tr>
<tr>
<td></td>
<td>T3</td>
<td>N0, N1, N2</td>
</tr>
<tr>
<td>IV</td>
<td>T4</td>
<td>Any N</td>
</tr>
<tr>
<td></td>
<td>Any T</td>
<td>N3</td>
</tr>
<tr>
<td></td>
<td>Any T</td>
<td>Any N</td>
</tr>
</tbody>
</table>

Stage unknown

PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

REQUIRED FOR STAGING: None

CLINICALLY SIGNIFICANT:
- Histological subtype: □ epithelioid □ mixed or biphasic □ sarcomatoid □ desmoplastic
- History of asbestos exposure: □ Yes □ No
- Presence or absence of chest pain: □ Present □ Absent
- FDG-PET SUV: ______

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
- Lymph-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

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.
- The prefix indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)N(m).
- The "y" prefix indicates those cases in which classification is performed during or following initial multimodality therapy. The cT(m)N(m) or cT(m)N(m) category is identified by a "y" prefix. The yT(m)N(m) or yT(m)N(m) categorizes the extent of tumor actually present at the time of that examination. The y prefix designates as a recurant tumor when staged after a disease-free interval, and is identified by the "y" prefix: rT(m)N(m).
- A prefix designates the stage determined at autopsy: aT(m)N(m).
Data Form for Cancer Staging
PLEURAL MESOTHELIOMA STAGING FORM

<table>
<thead>
<tr>
<th>Residual Tumor (R)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>RX Presence of residual tumor cannot be assessed</td>
<td></td>
</tr>
<tr>
<td>R0 No residual tumor</td>
<td></td>
</tr>
<tr>
<td>R1 Microscopic residual tumor</td>
<td></td>
</tr>
<tr>
<td>R2 Macroscopic residual tumor</td>
<td></td>
</tr>
</tbody>
</table>

surgical margins is a data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.

necadjuvant 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