

GASTROINTESTINAL STROMAL TUMOR STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS FOR GIST AT ALL SITES	PATHOLOGIC <i>Extent of disease during and from surgery</i>
☐ y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	TUMOR SIZE: _____	☐ y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
☐ TX ☐ T0 ☐ T1 ☐ T2 ☐ T3 ☐ T4	PRIMARY TUMOR (T) Primary tumor cannot be assessed No evidence of primary tumor Tumor 2 cm or less Tumor more than 2 cm but not more than 5 cm Tumor more than 5 cm but not more than 10 cm Tumor more than 10 cm in greatest dimension	☐ TX ☐ T0 ☐ T1 ☐ T2 ☐ T3 ☐ T4
☐ NX ☐ N0 ☐ N1	REGIONAL LYMPH NODES (N) Regional lymph nodes cannot be assessed No regional lymph node metastasis Regional lymph node metastasis	☐ NX ☐ N0 ☐ N1
☐ M0 ☐ M1 ☐ M1a ☐ M1b	DISTANT METASTASIS (M) No distant metastasis (no pathologic M0; use clinical M to complete stage group) Distant metastasis Lung Other distant sites	☐ M1 ☐ M1a ☐ M1b

ANATOMIC STAGE • PROGNOSTIC GROUPS – GASTRIC GIST

CLINICAL					PATHOLOGIC				
GROUP	T	N	M	Mitotic Rate	GROUP	T	N	M	Mitotic Rate
☐ IA	T1 or T2	N0	M0	Low	☐ IA	T1 or T2	N0	M0	Low
☐ IB	T3	N0	M0	Low	☐ IB	T3	N0	M0	Low
☐ II	T1	N0	M0	High	☐ II	T1	N0	M0	High
	T2	N0	M0	High		T2	N0	M0	High
	T4	N0	M0	Low		T4	N0	M0	Low
☐ IIIA	T3	N0	M0	High	☐ IIIA	T3	N0	M0	High
☐ IIIB	T4	N0	M0	High	☐ IIIB	T4	N0	M0	High
☐ IV	Any T	N1	M0	Any rate	☐ IV	Any T	N1	M0	Any rate
	Any T	Any N	M1	Any rate		Any T	Any N	M1	Any rate
☐ Stage unknown					☐ Stage unknown				

ANATOMIC STAGE • PROGNOSTIC GROUPS – SMALL INTESTINAL GIST (also to be used for esophagus, colorectal, and peritoneum)

CLINICAL					PATHOLOGIC				
GROUP	T	N	M	Mitotic Rate	GROUP	T	N	M	Mitotic Rate
☐ IA	T1 or T2	N0	M0	Low	☐ IA	T1 or T2	N0	M0	Low
☐ II	T3	N0	M0	Low	☐ II	T3	N0	M0	Low
☐ IIIA	T1	N0	M0	High	☐ IIIA	T1	N0	M0	High
	T4	N0	M0	Low		T4	N0	M0	Low
☐ IIIB	T2	N0	M0	High	☐ IIIB	T2	N0	M0	High
	T3	N0	M0	High		T3	N0	M0	High
	T4	N0	M0	High		T4	N0	M0	High
☐ IV	Any T	N1	M0	Any rate	☐ IV	Any T	N1	M0	Any rate
	Any T	Any N	M1	Any rate		Any T	Any N	M1	Any rate
☐ Stage unknown					☐ Stage unknown				

HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION
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GASTROINTESTINAL STROMAL TUMOR STAGING FORM

PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS) – FOR GIST AT ALL SITES

REQUIRED FOR STAGING: Mitotic rate

CLINICALLY SIGNIFICANT:

KIT Immunohistochemistry: _____

Mutational status of KIT, PDGFRA: _____

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.

m suffix indicates the presence of multiple primary tumors in 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 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.

Histologic Grade (G) (also known as overall grade)

Histological grading, an ingredient in sarcoma staging, is not well suited to GISTs, because a majority of these tumors have low or relatively low mitotic rates below the thresholds used for grading of soft tissue tumors, and because GISTs often manifest aggressive features with mitotic rates below the thresholds used for soft tissue tumor grading (the lowest tier of mitotic rates for soft tissue sarcomas being 10 mitoses per 10 HPFs). In GIST staging, the grade is replaced by mitotic activity.

- ☐ GX Grade cannot be assessed
- ☐ G1 Low grade; mitotic rate <5/50 HPF
- ☐ G2 High grade, mitotic rate >5/50 HPF

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): _____

Physician signature

Date/Time

HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION

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