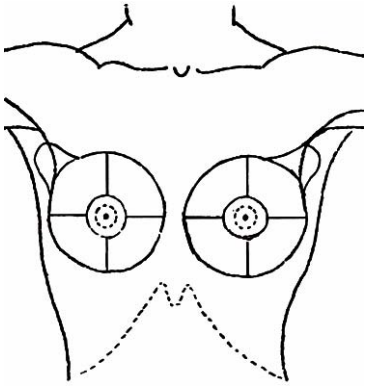
BC Cancer Agency
CARE & RESEARCH

BREAST STAGING DIAGRAM
(For CLINICIAN USE)

☐ Right Breast ☐ Left Breast



Note:

1. "Central area" as shown by solid circle around the areola is defined as a 3 cm. radius from edge of the nipple
2. Indicate scars on Staging Diagram
3. Tumour size guidelines:
   - stated size larger than 2.0 cm, record 2.1
   - stated size less than 2.0 cm, record 1.9
   - if recovered in more than 1piece, take longest dimension of the larger piece & add to the shortest dimension of the smaller piece.
   - neoadj. cases: use mammogram or clinical size prior to definitive treatment
   - multifocal tumours: record dimension of largest tumour
   - DCIS with foci of microinvasion and no definite pathological dimension stated: record as 0.1 cm

Anatomical Subsite: _____

Pathological Diagnoses: _____

☐ Tumour palpable ☐ Tumour not palpable

Size of breast tumour: _____cms

STAGE:

CLINICAL STAGE: **cT** _____ **cN** _____ **cM** _____ (See next page for staging)

PATHOLOGICAL STAGE: **pT** _____ **pN** _____ **pM** _____ (See next page for staging)

☐ No primary surgery (eg. locally advanced or metastatic)

SYSTEMIC FACTORS	LOCAL FACTORS
Nottingham Grade: _____/3 Estrogen Receptor: _____/3 Progesterone Receptor: _____/3 Her_2 Amplification: ☐ IHC _____/3 ☐ FISH ☐ +ve ☐ -ve Lymphatic Invasion: ☐ +ve ☐ -ve ☐ unknown Venous Invasion: ☐ +ve ☐ -ve ☐ unknown Neural Invasion: ☐ +ve ☐ -ve ☐ unknown Pathological size: _____ cms (If recovered in more than one piece, take longest dimension of the larger piece & add to the shortest dimension of smaller piece)	Final Margins: ☐-ve ☐ <2mm ☐ grossly +ve Extensive Intraductal Component (EIC) ☐ yes ☐ no Axillary Node Dissection ☐ Sentinel Node only ☐ No Axillary Node sampling ☐ Nodes: Total +ve _____ Total removed _____ Size of Largest Nodal Deposit _____ cm Extracapsular Extension ☐ -ve ☐ focally +ve ☐ grossly +ve

Completed by:_____Date:_____

Diagnosis/Stage amended to:_____

Reason:_____

By:_____Date:_____

NOTIFY PATIENT INFORMATION MANAGEMENT (PIM) IF STAGE/DIAGNOSIS IS AMENDED

CLINICAL TNM CLASSIFICATION (2002)

T		PRIMARY TUMOUR
☐	TX	Primary tumour cannot be assessed
☐	T0	No evidence of primary tumour
☐	Tis	(DCIS) Ductal carcinoma insitu
☐	Tis	(LCIS) Lobular carcinoma in situ
☐	Tis	(Paget's) Paget's disease of the nipple with no tumour
Note:		Paget's disease associated with a tumour is classified according to the size of the tumour
☐	T1	Tumour 2 cm or less in greatest dimension
☐	T1mic	Microinvasion 0.1 cm or less in greatest dimension
☐	T1a	> 0.1 cm but ≤ 0.5 cm in greatest dimension
☐	T1b	> 0.5 cm but ≤ 1 cm in greatest dimension
☐	T1c	> 1 cm but ≤ 2 cm in greatest dimension
☐	T2	> 2 cm but ≤ 5 cm in greatest dimension
☐	T3	> 5 cm in greatest dimension
☐	T4	Tumour of any size with direct extension to chest wall/skin
☐	T4a	Extension to chest wall, not including pectoralis muscle
☐	T4b	Edema (including peau d'orange), or ulceration of the skin of the breast, or satellite skin nodules confined to the same breast
☐	T4c	Both 4a and 4b
☐	T4d	Inflammatory carcinoma

N		REGIONAL LYMPH NODES
☐	NX	Regional lymph nodes cannot be assessed
☐	N0	No regional lymph nodes metastasis
☐	N1	Metastasis to movable ipsilateral axillary node(s)
☐	N2	Metastasis to ipsilateral axillary lymph nodes fixed or matted, or in *clinically apparent** ipsilateral internal mammary nodes in the *absence* of clinically evident axillary lymph nodes metastasis
☐	N2a	Metastasis in ipsilateral axillary lymph nodes fixed to one another (matted) or to other structures.
☐	N2b	Metastasis only in *clinically apparent** ipsilateral internal mammary nodes in the *absence* of clinically evident axillary lymph node metastasis
☐	N3	Metastasis in ipsilateral infraclavicular lymph node(s), with or without axillary lymph node involvement, or in *clinically apparent** ipsilateral internal mammary lymph nodes in the *presence* of clinically evident axillary lymph node metastasis; or metastasis in ipsilateral supraclavicular lymph node(s), with or without axillary or internal mammary lymph node involvement
☐	N3a	Metastasis in ipsilateral infraclavicular lymph node(s) and axillary lymph node
☐	N3b	Metastasis in ipsilateral internal mammary lymph node(s) and axillary lymph node(s)
☐	N3c	Metastasis in ipsilateral supraclavicular lymph node(s)

M		DISTANT METASTASIS
☐	MX	Presence of distant metastasis cannot be assessed
☐	M0	No distant metastasis
☐	M1	Distant metastasis

PATHOLOGICAL TNM CLASSIFICATION (2002)

pT		PRIMARY TUMOUR
☐	TX	Primary tumour cannot be assessed
☐	T0	No evidence of primary tumour
☐	T1	Tumour 2 cm or less in greatest dimension
☐	Tis	(DCIS) Ductal carcinoma insitu
☐	Tis	(LCIS) Lobular carcinoma in situ
☐	Tis	Paget's disease of the nipple with no tumour
☐	T1mic	Microinvasion 0.1 cm or less in greatest dimension
☐	T1a	> 0.1 cm but ≤ 0.5 cm in greatest dimension
☐	T1b	> 0.5 cm but ≤ 1 cm in greatest dimension
☐	T1c	> 1 cm but ≤ 2 cm in greatest dimension
☐	pT2	> 2 cm but ≤ 5 cm in greatest dimension
☐	pT3	> 5 cm in greatest dimension
☐	pT4	Tumour of any size with direct extension to chest wall/skin
☐	pT4a	Extension to chest wall, not including pectoralis muscle
☐	pT4b	Edema (including peau d'orange), or ulceration of the skin of the breast, or satellite skin nodules confined to the same breast
☐	pT4c	Both 4a and 4b
☐	pT4d	Inflammatory carcinoma

PATHOLOGICAL TNM CLASSIFICATION (2002)

pN		REGIONAL LYMPH NODES
☐	pNX	Regional lymph nodes cannot be assessed
☐	pN0	No regional lymph nodes metastasis histologically , no additional examination for isolated tumour cells (ITC)***
☐	pN0(i-)	No regional lymph node metastasis histologically, negative IHC
☐	pN0(i+)	No regional lymph node metastasis histologically, positive IHC, no IHC cluster greater than 0.2 mm
☐	pN0(mol-)	No regional lymph node metastasis histologically, negative molecular findings (RT-PCR)
☐	pN0(mol+)	No regional lymph node metastasis histologically, positive molecular findings (RT-PCR)
	Note:	RT-PCR: reverse transcriptase/polymerase chain reaction
☐	pN1	Metastasis in 1 to 3 axillary lymph nodes, and/or in internal mammary nodes with microscopic disease detected by sentinel lymph node dissection, but *not clinically apparent***
☐	pN1mi	Micrometastasis (greater than 0.2 mm, none greater than 2.0 mm)
☐	pN1a	Metastasis in 1 to 3 axillary lymph nodes
☐	pN1b	Metastasis in internal mammary nodes with microscopic disease detected by sentinel lymph node dissection, but *not clinically apparent* **
☐	pN1c	Metastasis in 1 to 3 axillary lymph nodes and in internal mammary nodes, with microscopic disease detected by sentinel lymph node dissection, but *not clinically apparent*** (if associated with more than 3 positive axillary lymph nodes, the internal mammary nodes are classified as pN3b to reflect in increased tumour burden.)
☐	pN2	Metastasis in 4 to 9 axillary lymph nodes, or in *clinically apparent** internal mammary lymph nodes in the absence of axillary lymph nodes metastasis
☐	pN2a	Metastasis in 4 to 9 axillary lymph nodes (at least 1 tumour deposit greater than 2.0 mm)
☐	pN2b	Metastasis in *clinically apparent** internal mammary lymph nodes in the *absence* of axillary lymph nodes metastasis
☐	pN3	Metastasis in 10 or more axillary lymph nodes, or in infraclavicular lymph nodes, or in *clinically apparent** ipsilateral internal mammary lymph nodes in the present of 1 or more positive axillary lymph nodes; or in more than 3 axillary lymph nodes with clinically negative microscopic metastasis in internal mammary lymph nodes; or in ipsilateral supraclavicular lymph nodes
☐	pN3a	Metastasis in 10 or more axillary lymph nodes (at least 1 tumour deposit greater than 2.0 mm), or metastasis to the infraclavicular lymph nodes
☐	pN3b	Metastasis in *clinically apparent** ipsilateral internal mammary lymph nodes in the presence of 1 or more positive axillary lymph nodes; or in more than 3 axillary lymph nodes and in internal mammary lymph nodes with microscopic disease detected by sentinel lymph node dissection, but not *clinically apparent***
☐	pN3c	Metastasis in ipsilateral supraclavicular lymph nodes

M		DISTANT METASTASIS
☐	pMX	Presence of distant metastasis cannot be assessed
☐	pM0	No distant metastasis
☐	pM1	Distant metastasis

NOTE:

mic Microinvasion is the extension of cancer cells beyond the basement membrane into the adjacent tissues with no focus more than 0.1cm in greatest dimensions. When there are multiple foci of microinvasion, the size of only the largest focus is used to classify the microinvasion. (Do not use the sum of all the individual foci) The presence of multiple foci of microinvasion should be noted, as it is with multiple larger invasive carcinomas

* *Clinically apparent* is defined as detected by imaging studies (excluding lymphoscintigraphy) or by clinical examination

** *Not clinically apparent* is defined as not detected by imaging studies (excluding lymphoscintigraphy) or by clinical examination

*** Isolated tumour cells (ITC) are defined as single tumour cells or small cell clusters not greater than 0.2 mm, usually detected only by immunohistochemical (IHC) or molecular methods, but which may be verified on H&E stains. ITCs do not usually show evidence of malignant activity (eg. proliferation or stromal reaction)