### 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><strong>TUMOR SIZE:</strong> ____________</td>
<td>☐ y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery</td>
</tr>
<tr>
<td>□ left □ right □ bilateral</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### PRIMARY TUMOR (T)

**IMIG Staging System for Diffuse Malignant Pleural Mesothelioma (MPM)**

- **T0** No evidence of primary tumor
- **T1** Tumor limited to the ipsilateral parietal pleura with or without mediastinal pleura and with or without diaphragmatic pleural involvement
- **T1a** No involvement of the visceral pleura
- **T1b** Tumor also involving the visceral pleura
- **T2** 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
- **T3** 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
- **T4** Locally advanced **technically unresectable** tumor
  - Tumor involving all of the ipsilateral pleural surfaces (parietal, mediastinal, diaphragmatic, and visceral pleura) with at least one of the following features:
    - diffuse extension or multifocal masses of tumor in the chest wall, with or without associated rib destruction
    - direct transdiaphragmatic extension of tumor to the peritoneum
    - direct extension of tumor to the contralateral pleura
    - direct extension of tumor to mediastinal organs
    - direct extension of tumor into the spine
    - tumor extending through to the internal surface of the pericardium with or without a pericardial effusion; or tumor involving the myocardium

#### REGIONAL LYMPH NODES (N)

- **NX** Regional lymph nodes cannot be assessed
- **N0** No regional lymph node metastases
- **N1** Metastases in the ipsilateral bronchopulmonary or hilar lymph nodes
- **N2** Metastases in the subcarinal or the ipsilateral mediastinal lymph nodes including the ipsilateral internal mammary and peridiaphragmatic nodes
- **N3** Metastases in the contralateral mediastinal, contralateral internal mammary, ipsilateral or contralateral supravacuclar lymph nodes

#### DISTANT METASTASIS (M)

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

**Hospital Name/Address**

**Patient Name/Information**

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### Anatomic Stage • Prognostic Grouping

<table>
<thead>
<tr>
<th>Clinical</th>
<th>Pathologic</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP T N M</td>
<td>GROUP T N M</td>
</tr>
<tr>
<td>I</td>
<td>T1 N0 M0</td>
</tr>
<tr>
<td>IA</td>
<td>T1a N0 M0</td>
</tr>
<tr>
<td>IB</td>
<td>T1b N0 M0</td>
</tr>
<tr>
<td>II</td>
<td>T2 N0 M0</td>
</tr>
<tr>
<td>III</td>
<td>T1, T2 N1 M0</td>
</tr>
<tr>
<td>III</td>
<td>T1, T2 N2 M0</td>
</tr>
<tr>
<td>IV</td>
<td>T3 N0, N1, N2 M0</td>
</tr>
<tr>
<td>Any T</td>
<td>Any N M0</td>
</tr>
<tr>
<td>Any T</td>
<td>Any N M1</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

### 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

### 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.

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**Hospital Name/Address**  |  **Patient Name/Information**
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**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

**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 ___________________________

**HOSPITAL NAME/ADDRESS**

**PATIENT NAME/INFORMATION**