

CARCINOMA OF THE EYELID STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS	PATHOLOGIC <i>Extent of disease through completion of definitive surgery</i>																																																																															
<input type="checkbox"/> y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	TUMOR SIZE: _____ LATERALITY: <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> bilateral	<input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery																																																																															
<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1 <input type="checkbox"/> T2a <input type="checkbox"/> T2b <input type="checkbox"/> T3a <input type="checkbox"/> T3b <input type="checkbox"/> T4	PRIMARY TUMOR (T) Primary tumor cannot be assessed No evidence of primary tumor Carcinoma <i>in situ</i> Tumor 5 mm or less in greatest dimension. Not invading the tarsal plate or eyelid margin. Tumor more than 5 mm, but not more than 10 mm in greatest dimension. Or, any tumor that invades the tarsal plate or eyelid margin. Tumor more than 10mm, but not more than 20 mm in greatest dimension. Or, involves full thickness eyelid. Tumor more than 20 mm in greatest dimension. Or, any tumor that invades adjacent ocular, or orbital structures. Any T with perineural tumor invasion. Tumor complete resection requires enucleation, exenteration or bone resection. Tumor is not resectable due to extensive invasion of ocular, orbital, craniofacial structures or brain.	<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1 <input type="checkbox"/> T2a <input type="checkbox"/> T2b <input type="checkbox"/> T3a <input type="checkbox"/> T3b <input type="checkbox"/> T4																																																																															
<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1	REGIONAL LYMPH NODES (N) Regional lymph nodes cannot be assessed. No regional lymph node metastasis, based upon clinical evaluation or imaging. No regional lymph node metastasis, based upon lymph node biopsy. Regional lymph node metastasis.	<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1																																																																															
<input type="checkbox"/> M0 <input type="checkbox"/> M1	DISTANT METASTASIS (M) No distant metastasis (no pathologic M0; use clinical M to complete stage group) Distant metastasis	<input type="checkbox"/> M1																																																																															
ANATOMIC STAGE • PROGNOSTIC GROUPS																																																																																	
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">GROUP</th> <th style="width: 15%;">T</th> <th style="width: 15%;">N</th> <th style="width: 15%;">M</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 0</td><td>Tis</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> I A</td><td>T1</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> I B</td><td>T2a</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> I C</td><td>T2b</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> II</td><td>T3a</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> III A</td><td>T3b</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> III B</td><td>Any T</td><td>N1</td><td>M0</td></tr> <tr><td><input type="checkbox"/> III C</td><td>T4</td><td>Any N</td><td>M0</td></tr> <tr><td><input type="checkbox"/> IV</td><td>Any T</td><td>Any N</td><td>M1</td></tr> </tbody> </table> <input type="checkbox"/> Stage unknown	GROUP	T	N	M	<input type="checkbox"/> 0	Tis	N0	M0	<input type="checkbox"/> I A	T1	N0	M0	<input type="checkbox"/> I B	T2a	N0	M0	<input type="checkbox"/> I C	T2b	N0	M0	<input type="checkbox"/> II	T3a	N0	M0	<input type="checkbox"/> III A	T3b	N0	M0	<input type="checkbox"/> III B	Any T	N1	M0	<input type="checkbox"/> III C	T4	Any N	M0	<input type="checkbox"/> IV	Any T	Any N	M1	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">GROUP</th> <th style="width: 15%;">T</th> <th style="width: 15%;">N</th> <th style="width: 15%;">M</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 0</td><td>Tis</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> I A</td><td>T1</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> I B</td><td>T2a</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> I C</td><td>T2b</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> II</td><td>T3a</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> III A</td><td>T3b</td><td>N0</td><td>M0</td></tr> <tr><td><input type="checkbox"/> III B</td><td>Any T</td><td>N1</td><td>M0</td></tr> <tr><td><input type="checkbox"/> III C</td><td>T4</td><td>Any N</td><td>M0</td></tr> <tr><td><input type="checkbox"/> IV</td><td>Any T</td><td>Any N</td><td>M1</td></tr> </tbody> </table> <input type="checkbox"/> Stage unknown	GROUP	T	N	M	<input type="checkbox"/> 0	Tis	N0	M0	<input type="checkbox"/> I A	T1	N0	M0	<input type="checkbox"/> I B	T2a	N0	M0	<input type="checkbox"/> I C	T2b	N0	M0	<input type="checkbox"/> II	T3a	N0	M0	<input type="checkbox"/> III A	T3b	N0	M0	<input type="checkbox"/> III B	Any T	N1	M0	<input type="checkbox"/> III C	T4	Any N	M0	<input type="checkbox"/> IV	Any T	Any N	M1
GROUP	T	N	M																																																																														
<input type="checkbox"/> 0	Tis	N0	M0																																																																														
<input type="checkbox"/> I A	T1	N0	M0																																																																														
<input type="checkbox"/> I B	T2a	N0	M0																																																																														
<input type="checkbox"/> I C	T2b	N0	M0																																																																														
<input type="checkbox"/> II	T3a	N0	M0																																																																														
<input type="checkbox"/> III A	T3b	N0	M0																																																																														
<input type="checkbox"/> III B	Any T	N1	M0																																																																														
<input type="checkbox"/> III C	T4	Any N	M0																																																																														
<input type="checkbox"/> IV	Any T	Any N	M1																																																																														
GROUP	T	N	M																																																																														
<input type="checkbox"/> 0	Tis	N0	M0																																																																														
<input type="checkbox"/> I A	T1	N0	M0																																																																														
<input type="checkbox"/> I B	T2a	N0	M0																																																																														
<input type="checkbox"/> I C	T2b	N0	M0																																																																														
<input type="checkbox"/> II	T3a	N0	M0																																																																														
<input type="checkbox"/> III A	T3b	N0	M0																																																																														
<input type="checkbox"/> III B	Any T	N1	M0																																																																														
<input type="checkbox"/> III C	T4	Any N	M0																																																																														
<input type="checkbox"/> IV	Any T	Any N	M1																																																																														

HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION
------------------------------	---------------------------------

(continued on next page)

CARCINOMA OF THE EYELID STAGING FORM

PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

REQUIRED FOR STAGING: None

CLINICALLY SIGNIFICANT:

- Sentinel Lymph Node Biopsy (SLNB) results: _____
- Regional nodes identified on clinical or radiographic examination: _____
- Perineural invasion: _____
- Tumor necrosis: _____
- Pagetoid spread: _____
- More than 3 Mohs micrographic surgical layers required: _____
- Immunosuppression – patient has HIV: _____
- Immunosuppression – history of solid organ transplant or leukemia: _____
- Prior radiation to the tumor field: _____
- Excluding skin cancer, patient has history of two or more carcinomas : _____
- Patient has Muir-Torre syndrome: _____
- Patient has xeroderma pigmentosa : _____

For Eyelid Cutaneous Squamous Cell Carcinoma only (see cSCC, Chapter 29):

- REQUIRED FOR STAGING:** Tumor thickness (in mm): _____
- Clark's Level: _____
- Presence / absence of perineural invasion: _____
- Primary site location on ear or non-glabrous lip: _____
- Histologic grade: _____
- Size of largest lymph node metastasis: _____

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

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:

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.

HOSPITAL NAME/ADDRESS

PATIENT NAME/ INFORMATION

(continued from previous page)

CARCINOMA OF THE EYELID STAGING FORM

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

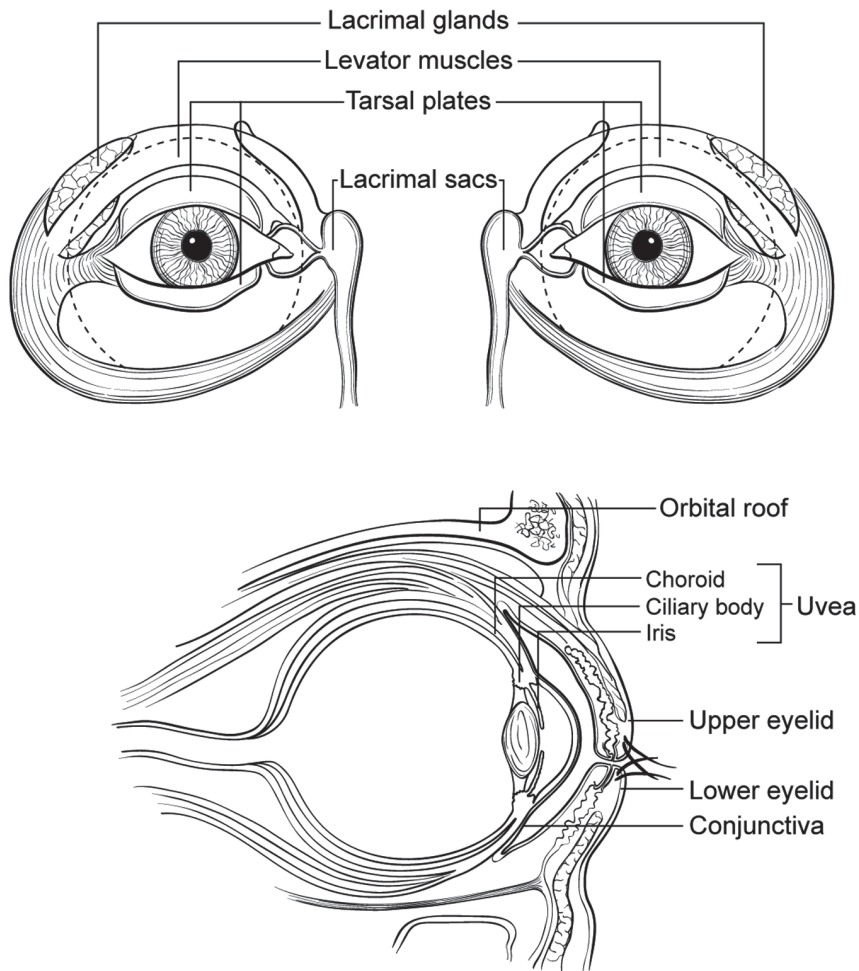
PATIENT NAME/INFORMATION

(continued on next page)

CARCINOMA OF THE EYELID STAGING FORM

Illustration

Indicate on diagram primary tumor and regional nodes involved.



HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION

(continued from previous page)