

LARYNX STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS	PATHOLOGIC <i>Extent of disease during and from 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
PRIMARY TUMOR (T)		
<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4a <input type="checkbox"/> T4b <input type="checkbox"/> T1 <input type="checkbox"/> T1a <input type="checkbox"/> T1b <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4a <input type="checkbox"/> T4b <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4a <input type="checkbox"/> T4b	Primary tumor cannot be assessed No evidence of primary tumor Carcinoma in situ Supraglottis Tumor limited to one subsite of supraglottis with normal vocal cord mobility Tumor invades mucosa of more than one adjacent subsite of supraglottis or glottis or region outside the supraglottis (e.g., mucosa of base of tongue, vallecula, medial wall of pyriform sinus) without fixation of the larynx Tumor limited to larynx with vocal cord fixation and/or invades any of the following: postcricoid area, pre-epiglottic space, paraglottic space, and/or inner cortex of thyroid cartilage. Moderately advanced local disease. Tumor invades through the thyroid cartilage and/or invades tissues beyond the larynx (e.g., trachea, soft tissues of neck including deep extrinsic muscle of the tongue, strap muscles, thyroid, or esophagus) Very advanced local disease. Tumor invades prevertebral space, encases carotid artery, or invades mediastinal structures Glottis Tumor limited to the vocal cord(s) (may involve anterior or posterior commissure) with normal mobility Tumor limited to one vocal cord Tumor involves both vocal cords Tumor extends to supraglottis and/or subglottis, and/or with impaired vocal cord mobility Tumor limited to the larynx with vocal cord fixation and/or invasion of paraglottic space, and/or inner cortex of the thyroid cartilage Moderately advanced local disease. Tumor invades through the outer cortex of the thyroid cartilage and/or invades tissues beyond the larynx (e.g., trachea, soft tissues of neck including deep extrinsic muscle of the tongue, strap muscles, thyroid, or esophagus) Very advanced local disease. Tumor invades prevertebral space, encases carotid artery, or invades mediastinal structures Subglottis Tumor limited to the subglottis Tumor extends to vocal cord(s) with normal or impaired mobility Tumor limited to larynx with vocal cord fixation Moderately advanced local disease. Tumor invades cricoid or thyroid cartilage and/or invades tissues beyond the larynx (e.g., trachea, soft tissues of neck including deep extrinsic muscles of the tongue, strap muscles, thyroid, or esophagus) Very advanced local disease. Tumor invades prevertebral space, encases carotid artery, or invades mediastinal structures	<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4a <input type="checkbox"/> T4b <input type="checkbox"/> T1 <input type="checkbox"/> T1a <input type="checkbox"/> T1b <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4a <input type="checkbox"/> T4b <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4a <input type="checkbox"/> T4b
HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION	

(continued on next page)

LARYNX STAGING FORM

<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N2a <input type="checkbox"/> N2b <input type="checkbox"/> N2c <input type="checkbox"/> N3	<p style="text-align: center;">REGIONAL LYMPH NODES (N)*</p> <p>Regional lymph nodes cannot be assessed</p> <p>No regional lymph node metastasis</p> <p>Metastasis in a single ipsilateral lymph node, 3 cm or less in greatest dimension</p> <p>Metastasis in a single ipsilateral lymph node, more than 3 cm but not more than 6 cm in greatest dimension, or in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension, or in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension</p> <p>Metastasis in a single ipsilateral lymph node, more than 3 cm but not more than 6 cm in greatest dimension</p> <p>Metastasis in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension</p> <p>Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension</p> <p>Metastasis in a lymph node, more than 6 cm in greatest dimension</p> <p><i>*Note: Metastases at level VII are considered regional lymph node metastases.</i></p>	<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N2a <input type="checkbox"/> N2b <input type="checkbox"/> N2c <input type="checkbox"/> N3
<input type="checkbox"/> M0 <input type="checkbox"/> M1	<p style="text-align: center;">DISTANT METASTASIS (M)</p> <p>No distant metastasis (no pathologic M0; use clinical M to complete stage group)</p> <p>Distant metastasis</p>	<input type="checkbox"/> M1

ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL				PATHOLOGIC			
GROUP	T	N	M	GROUP	T	N	M
<input type="checkbox"/> 0	Tis	N0	M0	<input type="checkbox"/> 0	Tis	N0	M0
<input type="checkbox"/> I	T1	N0	M0	<input type="checkbox"/> I	T1	N0	M0
<input type="checkbox"/> II	T2	N0	M0	<input type="checkbox"/> II	T2	N0	M0
<input type="checkbox"/> III	T3	N0	M0	<input type="checkbox"/> III	T3	N0	M0
	T1	N1	M0		T1	N1	M0
	T2	N1	M0		T2	N1	M0
	T3	N1	M0		T3	N1	M0
<input type="checkbox"/> IVA	T4a	N0	M0	<input type="checkbox"/> IVA	T4a	N0	M0
	T4a	N1	M0		T4a	N1	M0
	T1	N2	M0		T1	N2	M0
	T2	N2	M0		T2	N2	M0
	T3	N2	M0		T3	N2	M0
	T4a	N2	M0		T4a	N2	M0
<input type="checkbox"/> IVB	T4b	Any N	M0	<input type="checkbox"/> IVB	T4b	Any N	M0
	Any T	N3	M0		Any T	N3	M0
<input type="checkbox"/> IVC	Any T	Any N	M1	<input type="checkbox"/> IVC	Any T	Any N	M1
<input type="checkbox"/> Stage unknown				<input type="checkbox"/> Stage unknown			

HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION
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LARYNX STAGING FORM

<p style="text-align: center;">PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)</p> <p>REQUIRED FOR STAGING: None</p> <p>CLINICALLY SIGNIFICANT:</p> <p>Size of Lymph Nodes: _____</p> <p>Extracapsular Extension from Lymph Nodes for Head & Neck: _____</p> <p>Head & Neck Lymph Nodes Levels I-III: _____</p> <p>Head & Neck Lymph Nodes Levels IV-V: _____</p> <p>Head & Neck Lymph Nodes Levels VI-VII: _____</p> <p>Other Lymph Node Group: _____</p> <p>Clinical Location of Cervical Nodes: _____</p> <p>Extracapsular Spread (ECS) Clinical: _____</p> <p>Extracapsular Spread (ECS) Pathologic: _____</p> <p>Human Papillomavirus (HPV) Status: _____</p> <p>Tumor Thickness: _____</p>	<p>General Notes:</p> <p>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.</p> <p>m suffix indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.</p> <p>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.</p> <p>r prefix indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.</p> <p>a prefix designates the stage determined at autopsy: aTNM.</p> <p>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.</p> <p>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.</p>										
<p>Histologic Grade (G) (also known as overall grade)</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; border: none;">Grading system</th> <th style="text-align: left; border: none;">Grade</th> </tr> </thead> <tbody> <tr> <td style="border: none;"><input type="checkbox"/> 2 grade system</td> <td style="border: none;"><input type="checkbox"/> Grade I or 1</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 3 grade system</td> <td style="border: none;"><input type="checkbox"/> Grade II or 2</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 4 grade system</td> <td style="border: none;"><input type="checkbox"/> Grade III or 3</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> No 2, 3, or 4 grade system is available</td> <td style="border: none;"><input type="checkbox"/> Grade IV or 4</td> </tr> </tbody> </table> <p>ADDITIONAL DESCRIPTORS</p> <p>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.</p> <p><input type="checkbox"/> Lymph-Vascular Invasion Not Present (absent)/Not Identified</p> <p><input type="checkbox"/> Lymph-Vascular Invasion Present/Identified</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Unknown/Indeterminate</p> <p>Residual Tumor (R)</p> <p>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.</p> <p><input type="checkbox"/> RX Presence of residual tumor cannot be assessed</p> <p><input type="checkbox"/> R0 No residual tumor</p> <p><input type="checkbox"/> R1 Microscopic residual tumor</p> <p><input type="checkbox"/> R2 Macroscopic residual tumor</p>	Grading system	Grade	<input type="checkbox"/> 2 grade system	<input type="checkbox"/> Grade I or 1	<input type="checkbox"/> 3 grade system	<input type="checkbox"/> Grade II or 2	<input type="checkbox"/> 4 grade system	<input type="checkbox"/> Grade III or 3	<input type="checkbox"/> No 2, 3, or 4 grade system is available	<input type="checkbox"/> Grade IV or 4	
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HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION
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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

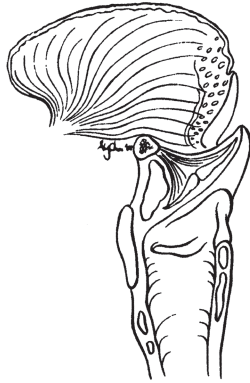
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LARYNX STAGING FORM

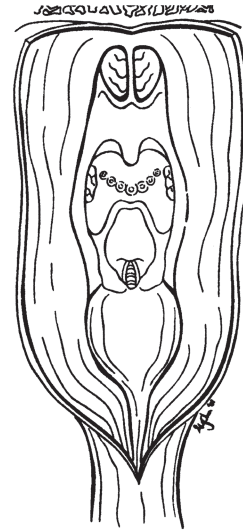
Illustration

Indicate on diagram primary tumor and regional nodes involved.

1.



2.



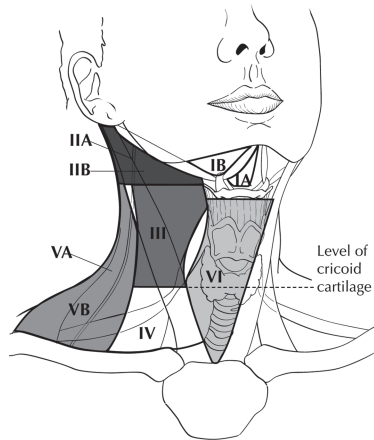
3.



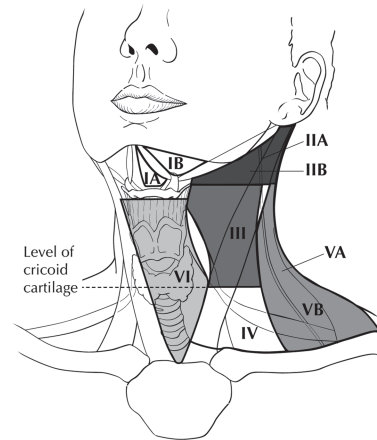
4.



5.



6.



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