

MALIGNANT MELANOMA OF THE CONJUNCTIVA 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
PRIMARY TUMOR (T)		
<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1 <input type="checkbox"/> T1a pT1a <input type="checkbox"/> T1b pT1b <input type="checkbox"/> T1c pT1c <input type="checkbox"/> T1d <input type="checkbox"/> T2 <input type="checkbox"/> T2a pT2a <input type="checkbox"/> T2b pT2b <input type="checkbox"/> T2c pT2c <input type="checkbox"/> T2d <input type="checkbox"/> T3 pT3 <input type="checkbox"/> T3a <input type="checkbox"/> T3b <input type="checkbox"/> T3c <input type="checkbox"/> T3d <input type="checkbox"/> T4 pT4	<p>Quadrants are defined by clock hour, starting at the limbus (e.g. 6, 9, 12, 3) extending from the central cornea to and beyond the eyelid margins. This will bisect the caruncle.</p> <p>Primary tumor cannot be assessed</p> <p>No evidence of primary tumor</p> <p>Melanoma confined to the conjunctival epithelium</p> <p>Malignant conjunctival melanoma of the bulbar conjunctiva</p> <p>Less than or equal to 1 quadrant*</p> <p>Melanoma of the bulbar conjunctiva not more than 0.5 mm in thickness with invasion of the substantia propria</p> <p>More than 1 but less than or equal to 2 quadrants</p> <p>Melanoma of the bulbar conjunctiva more than 0.5 mm but not more than 1.5 mm in thickness with invasion of the substantia propria</p> <p>More than 2 but less than or equal to 3 quadrants</p> <p>Melanoma of the bulbar conjunctiva greater than 1.5 mm in thickness with invasion of the substantia propria</p> <p>Greater than 3 quadrants</p> <p>Malignant conjunctival melanoma of the non-bulbar (palpebral, forniceal caruncular)</p> <p>Non-caruncular, less than or equal to 1 quadrant</p> <p>Melanoma of the palpebral, forniceal or caruncular conjunctiva not more than 0.5 mm in thickness with invasion of the substantia propria</p> <p>Non-caruncular, greater than 1 quadrant</p> <p>Melanoma more than 0.5 but not greater than 1.5 mm in thickness with invasion of the substantia propria.</p> <p>Any caruncular, less than or equal to 1 quadrant</p> <p>Melanoma of the palpebral, forniceal or caruncular conjunctiva greater than 1.5 mm in thickness with invasion of the substantia propria.</p> <p>Any caruncular, greater than 1 quadrant</p> <p>Any malignant conjunctival melanoma with local invasion</p> <p>Melanoma invades the eye, eyelid, nasolacrimal system, sinuses or orbit</p> <p>Globe</p> <p>Eyelid</p> <p>Orbit</p> <p>Sinus</p> <p>Tumor invades the central nervous system</p> <p>Melanoma invades the central nervous system</p> <p>*pT(is) Melanoma <i>in situ</i> (includes the term primary acquired melanosis) with atypia replacing greater than 75 % of the normal epithelial thickness, with cytologic features of epithelioid cells, including abundant cytoplasm, vesicular nuclei or prominent nucleoli, and/or presence of intraepithelial nests of atypical cells.</p>	<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> pT1a <input type="checkbox"/> pT1b <input type="checkbox"/> pT1c <input type="checkbox"/> pT2a <input type="checkbox"/> pT2b <input type="checkbox"/> pT2c <input type="checkbox"/> pT3 <input type="checkbox"/> pT4

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<input type="checkbox"/> NX <input type="checkbox"/> N0a (biopsy) <input type="checkbox"/> N0b (no biopsy) <input type="checkbox"/> N1	<p style="text-align: center;">REGIONAL LYMPH NODES (N)</p> <p>CLINICAL</p> <p>Regional lymph nodes cannot be assessed No regional lymph node metastasis, biopsy performed No regional lymph node metastasis, biopsy not performed Regional lymph node metastasis</p>	<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1
<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) Distant metastasis</p>	<input type="checkbox"/> M1

ANATOMIC STAGE • PROGNOSTIC GROUPING

<p style="text-align: center;">CLINICAL</p> <p>No stage grouping is presently recommended</p>	<p style="text-align: center;">PATHOLOGIC</p> <p>No stage grouping is presently recommended</p>
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<p style="text-align: center;">PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)</p> <p>REQUIRED FOR STAGING: None</p> <p>CLINICALLY SIGNIFICANT: Measured thickness (depth) _____</p>	<p>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.</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>Histologic Grade (G) (also known as overall grade)</p> <table style="width: 100%;"> <tr> <td style="text-align: center;">Grading system</td> <td style="text-align: center;">Grade</td> </tr> <tr> <td><input type="checkbox"/> 2 grade system</td> <td><input type="checkbox"/> Grade I or 1</td> </tr> <tr> <td><input type="checkbox"/> 3 grade system</td> <td><input type="checkbox"/> Grade II or 2</td> </tr> <tr> <td><input type="checkbox"/> 4 grade system</td> <td><input type="checkbox"/> Grade III or 3</td> </tr> <tr> <td><input type="checkbox"/> No 2, 3, or 4 grade system is available</td> <td><input type="checkbox"/> Grade IV or 4</td> </tr> </table>	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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<input type="checkbox"/> No 2, 3, or 4 grade system is available	<input type="checkbox"/> Grade IV or 4										
<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>											

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<p>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.</p> <p> <input type="checkbox"/> RX Presence of residual tumor cannot be assessed <input type="checkbox"/> R0 No residual tumor <input type="checkbox"/> R1 Microscopic residual tumor <input type="checkbox"/> R2 Macroscopic residual tumor </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>
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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

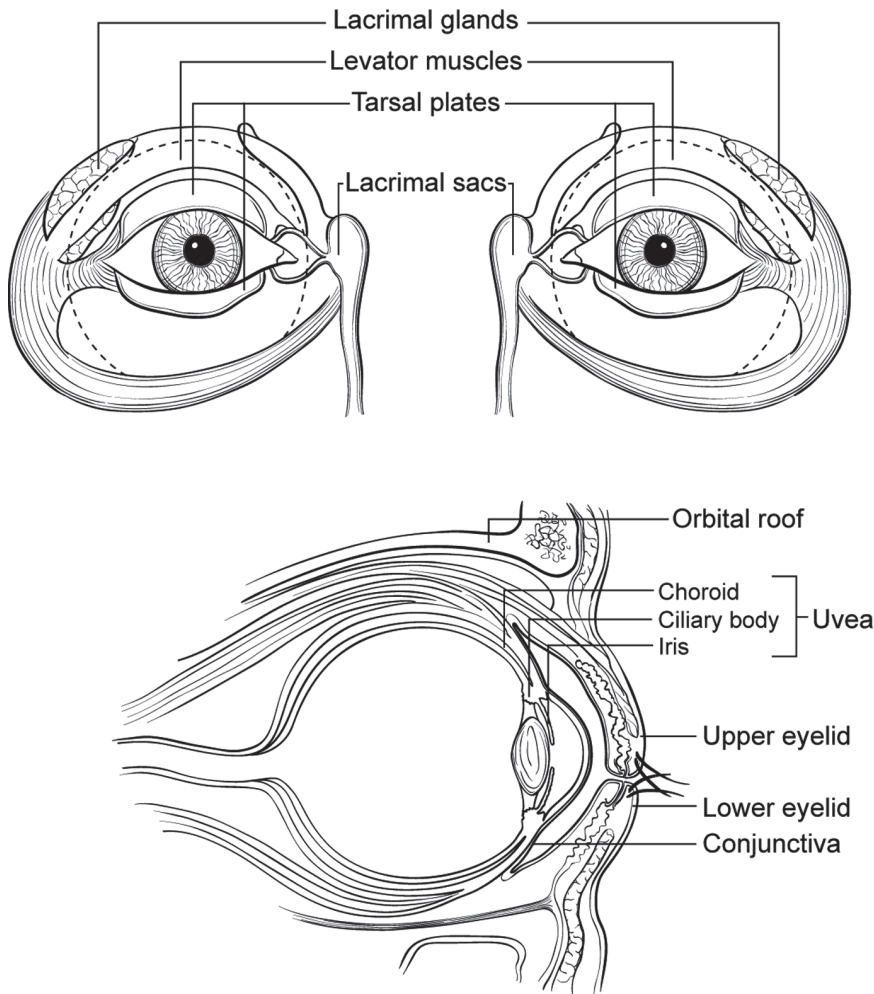
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Illustration

Indicate on diagram primary tumor and regional nodes involved.



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