MALIGNANT MELANOMA OF THE UVEA STAGING FORM

CLINICAL *Extent of disease before any treatment*	STAGE CATEGORY DEFINITIONS		PATHOLOGIC *Extent of disease through completion of definitive surgery*
❒ y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	**TUMOR SIZE:** _____	**LATERALITY:** ☐ left ☐ right ☐ bilateral	❒ y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
	PRIMARY TUMOR (T)		
	All Uveal Melanomas		
❑ **TX**	Primary tumor cannot be assessed		❑ **TX**
❑ **T0**	No evidence of primary tumor		❑ **T0**
	Iris*		
❑ **T1**	Tumor limited to the iris		❑ **T1**
❑ **T1a**	Tumor limited to the iris not more than 3 clock hours in size		❑ **T1a**
❑ **T1b**	Tumor limited to the iris more than 3 clock hours in size		❑ **T1b**
❑ **T1c**	Tumor limited to the iris with secondary glaucoma		❑ **T1c**
❑ **T2**	Tumor confluent with or extending into the ciliary body, choroid or both		❑ **T2**
❑ **T2a**	Tumor confluent with or extending into the ciliary body, choroid or both, with secondary glaucoma		❑ **T2a**
❑ **T3**	Tumor confluent with or extending into the ciliary body, choroid or both, with scleral extension		❑ **T3**
❑ **T3a**	Tumor confluent with or extending into the ciliary body, choroid or both, with scleral extension and secondary glaucoma		❑ **T3a**
❑ **T4**	Tumor with extrascleral extension		❑ **T4**
❑ **T4a**	Tumor with extrascleral extension less than or equal to 5 mm in diameter		❑ **T4a**
❑ **T4b**	Tumor with extrascleral extension more than 5 mm in diameter		❑ **T4b**
	***** Iris melanomas originate from, and are predominantly located in, this region of the uvea. If less than half of the tumor volume is located within the iris, the tumor may have originated in the ciliary body and consideration should be given to classifying it accordingly.		
	Ciliary Body and Choroid *(see Figure on p. 550)* Primary ciliary body and choroidal melanomas are classified according to the four tumor size categories below:		
❑ **T1**	Tumor size category 1		❑ **T1**
❑ **T1a**	Tumor size category 1 without ciliary body involvement and extraocular extension		❑ **T1a**
❑ **T1b**	Tumor size category 1 with ciliary body involvement		❑ **T1b**
❑ **T1c**	Tumor size category 1 without ciliary body involvement but with extraocular extension less than or equal to 5 mm in diameter		❑ **T1c**
❑ **T1d**	Tumor size category 1 with ciliary body involvement and extraocular extension less than or equal to 5 mm in diameter		❑ **T1d**
❑ **T2**	Tumor size category 2		❑ **T2**
❑ **T2a**	Tumor size category 2 without ciliary body involvement and extraocular extension		❑ **T2a**
❑ **T2b**	Tumor size category 2 with ciliary body involvement		❑ **T2b**
❑ **T2c**	Tumor size category 2 without ciliary body involvement but with extraocular extension less than or equal to 5 mm in diameter		❑ **T2c**
❑ **T2d**	Tumor size category 2 with ciliary body involvement and extraocular extension less than or equal to 5 mm in diameter		❑ **T2d**
❑ **T3**	Tumor size category 3		❑ **T3**
❑ **T3a**	Tumor size category 3 without ciliary body involvement and extraocular extension		❑ **T3a**

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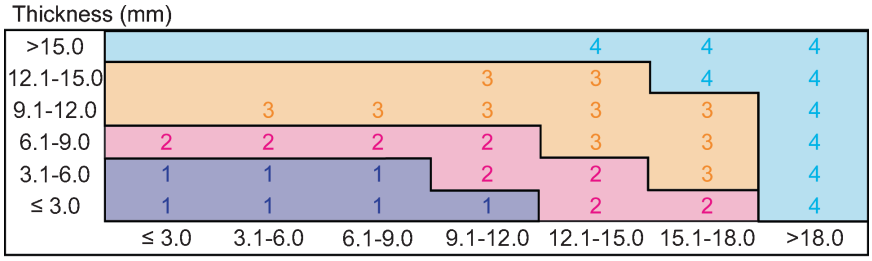
❑ T3b	Tumor size category 3 with ciliary body involvement	❑ T3b
❑ T3c	Tumor size category 3 without ciliary body involvement but with extraocular extension less than or equal to 5 mm in diameter	❑ T3c
❑ T3d	Tumor size category 3 with ciliary body involvement and extraocular extension less than or equal to 5 mm in diameter	❑ T3d
❑ T4	Tumor size category 4	❑ T4
❑ T4a	Tumor size category 4 without ciliary body involvement and extraocular extension	❑ T4a
❑ T4b	Tumor size category 4 with ciliary body involvement	❑ T4b
❑ T4c	Tumor size category 4 without ciliary body involvement but with extraocular extension less than or equal to 5 mm in diameter	❑ T4c
❑ T4d	Tumor size category 4 with ciliary body involvement and extraocular extension less than or equal to 5 mm in diameter	❑ T4d
❑ T4e	Any tumor size category with extraocular extension more than 5 mm in diameter	❑ T4e
	***Clinical**: In clinical practice, the largest tumor basal diameter may be estimated in optic disc diameters (dd, average: 1 dd = 1.5 mm). Tumor thickness may be estimated in diopters (average: 2.5 diopters = 1 mm). However, techniques such as ultrasonography and fundus photography are used to provide more accurate measurements. Ciliary body involvement can be evaluated by the slit-lamp, ophthalmoscopy, gonioscopy and transillumination. However, high frequency ultrasonography (ultrasound biomicroscopy) is used for more accurate assessment. Extension through the sclera is evaluated visually before and during surgery, and with ultrasonography, computed tomography or magnetic resonance imaging.	
	†**Pathologic**: When histopathologic measurements are recorded after fixation, tumor diameter and thickness may be underestimated because of tissue shrinkage.	
	REGIONAL LYMPH NODES (N)	
❑ NX	Regional lymph nodes cannot be assessed	❑ NX
❑ N0	No regional lymph node metastasis	❑ N0
❑ N1	Regional lymph node metastasis	❑ N1
	DISTANT METASTASIS (M)	
❑ M0	No distant metastasis (no pathologic M0; use clinical M to complete stage group)	
❑ M1	Distant metastasis	❑ M1
❑ M1a	Largest diameter of the largest metastasis ≤3 cm	❑ M1a
❑ M1b	Largest diameter of the largest metastasis 3.1-8.0 cm	❑ M1b
❑ M1c	Largest diameter of the largest metastasis ≥8 cm	❑ M1c



Classification for ciliary body and choroid uveal melanoma based on thickness and diameter.

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MALIGNANT MELANOMA OF THE UVEA STAGING FORM

ANATOMIC STAGE • PROGNOSTIC GROUPING

CLINICAL

GROUP	T	N	M
❑ I	T1a	N0	M0
❑ IIA	T1b-d	N0	M0
	T2a	N0	M0
❑ IIB	T2b	N0	M0
	T3a	N0	M0
❑ IIIA	T2c-d	N0	M0
	T3b-c	N0	M0
	T4a	N0	M0
❑ IIIB	T3d	N0	M0
	T4b-c	N0	M0
❑ IIIC	T4d-e	N0	M0
❑ IV	Any T	N1	M0
	Any T	Any N	M1a-c

❑ Stage unknown

PATHOLOGIC

GROUP	T	N	M
❑ I	T1a	N0	M0
❑ IIA	T1b-d	N0	M0
	T2a	N0	M0
❑ IIB	T2b	N0	M0
	T3a	N0	M0
❑ IIIA	T2c-d	N0	M0
	T3b-c	N0	M0
	T4a	N0	M0
❑ IIIB	T3d	N0	M0
	T4b-c	N0	M0
❑ IIIC	T4d-e	N0	M0
❑ IV	Any T	N1	M0
	Any T	Any N	M1a-c

❑ Stage unknown

PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

REQUIRED FOR STAGING: Tumor height and largest diameter

CLINICALLY SIGNIFICANT:

Measured thickness (depth) _____
Chromosomal alterations _____
Gene expression profile _____
Positron emission tomography/computed tomography _____
Confocal indocyanine green angiography _____
Mitotic count per 40 high power fields (HPF)_____
Mean diameter of the ten largest nucleoli (MLN) _____
Presence of extravascular matrix patterns _____
Microvascular density (MVD) _____
Insulin-like growth factor 1 receptor (IGF1-R) _____
Tumor-infiltrating lymphocytes _____
Tumor-infiltrating macrophages _____
HLA Class I expression _____

Histologic Grade (G) *(also known as overall grade)*

Grading system	*Grade*
❑ 2 grade system	❑ Grade I or 1
❑ 3 grade system	❑ Grade II or 2
❑ 4 grade system	❑ Grade III or 3
❑ No 2, 3, or 4 grade system is available	❑ Grade IV or 4

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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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 (continued):

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

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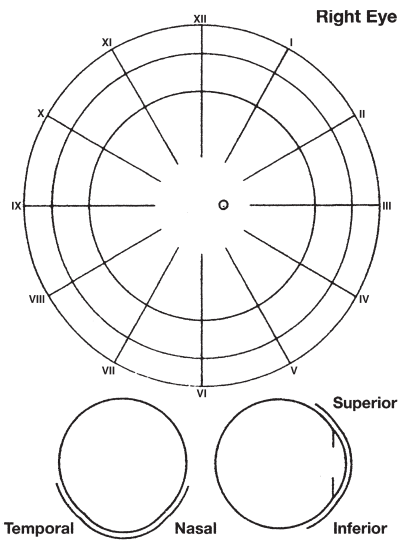
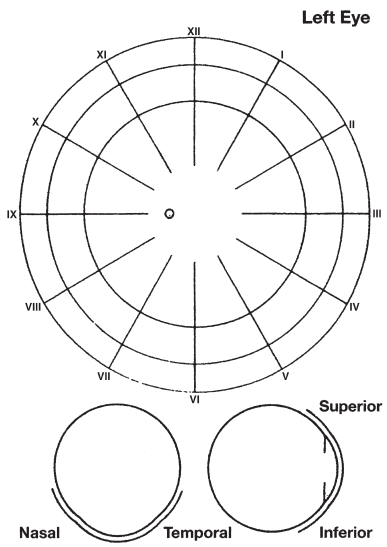
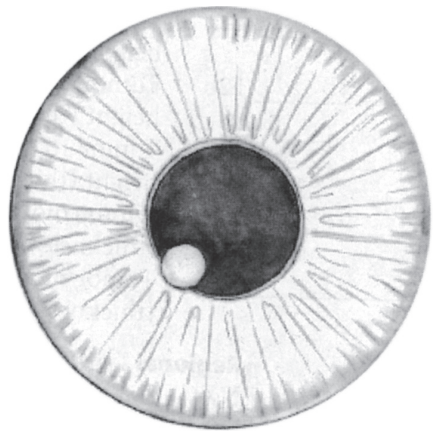
Illustration

Indicate on diagram primary tumor and regional nodes involved.







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