CLINICAL Extent of disease before any treatment	STAGE CATEGOR	Y DEFINITIONS	PATHOLOGIC  Extent of disease through completion of definitive surgery
y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	Tumor Size:	LATERALITY: ☐ midline ☐ left ☐ right ☐ bilateral	y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
□ TX □ T0 □ Tis □ T1 □ T1a □ T1b □ T2 □ T2a □ T2b □ T3 □ T3a □ T3b □ T4 □ T4	PRIMARY TU  Primary tumor cannot be assessed  No evidence of primary tumor  Melanoma in situ  Melanomas ≤1.0 mm in thickness   without ulceration and mitosis <1/mm²   with ulceration or mitoses ≥1/mm²  Melanomas 1.01 − 2.0 mm   without ulceration   with ulceration   with ulceration  Melanomas 2.01-4.0 mm   without ulceration   with ulceration  Melanomas >4.0 mm   without ulceration	MOR (T)	TX T0 Tis T1 T1a T1b T2 T2a T2b T3a T3a T3b T4
T4b	with ulceration		☐ T4a ☐ T4b
NX   N0   N1   N1   N2c   N3	REGIONAL LYMPH NODES (N)  Regional lymph nodes cannot be assessed  No regional lymph node metastasis  1 node     micrometastasis*     macrometastasis**  2-3 nodes     micrometastasis*     macrometastasis*     in transit met(s)/satellite(s) without metastatic nodes  Clinical: ≥ 1 node with in transit met(s)/ satellite(s); pathologic: 4 or more metastatic nodes, or matted nodes, or in transit met(s)/ satellite(s) with metastatic node(s)  *Micrometastases are diagnosed after sentinel lymph node biopsy and completion lymphadenectomy (if performed).  **Macrometastases are defined as clinically detectable nodal metastases confirmed by therapeutic lymphadenectomy or when nodal metastasis exhibits gross extracapsular extension.		<ul> <li>NX</li> <li>N0</li> <li>N1</li> <li>N1a</li> <li>N1b</li> <li>N2</li> <li>N2a</li> <li>N2b</li> <li>N2c</li> <li>N3</li> </ul>
☐ M0 ☐ M1a ☐ M1b ☐ M1c	DISTANT META  No distant metastasis (no pathologic M0; use Metastases to skin, subcutaneous tissues, Metastases to lung Metastases to all other visceral sites or dis with an elevated serum LDH	e clinical M to complete stage group) or distant lymph nodes	☐ M1a ☐ M1b ☐ M1c

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Anatomic Stage • Prognostic Groups									
		CLINIC	AL*	Т				DLOGIC	+
GROUP	T	N	M		OUP	T Ti-	N		M
0 IA	Tis	N0	M0		0 IA	Tis T1a	N0 N0		M0 M0
☐ IA☐ IB	T1a T1b	N0 N0	M0 M0		IB	T1b	N0		M0
	T2a	N0	MO		11.4	T2a	NO NO		M0
☐ IIA	T2b	N0	MO		IIA	T2b T3a	N0 N0		M0 M0
	T3a	N0	M0		IIB	T3b	N0		M0
│ <b>山</b> IIB	T3b T4a	N0 N0	M0 M0		110	T4a	NO NO		M0
☐ IIC	T4b	N0	M0		IIC IIIA	T4b T1 – 4a	N0 N1a	1	M0 M0
	Any T	≥N1	MO			T1 – 4a	N2a		M0
☐ IV	Any T	Any N	M1		IIIB	T1 – 4b	N1a		M0
			the primary melanoma and			T1 – 4b T1 – 4a	N2a N1b		M0 M0
			es. By convention, it should be used lanoma with clinical assessment for			T1 – 4a	N2b	)	MO
regional and di			idilonia with clinical assessment for		шС	T1 – 4a	N2c		M0
					IIIC	T1 – 4b T1 – 4b	N1b N2b		M0 M0
						T1 – 4b	N2c		MO
					IV	Any T Any T	N3 Any	, NI	M0 M1
						•	-		
			pat con the noc	nologic ir nplete lyr exceptio es.	nformation abo nphadenecton n; they do not	out the re	egional ly ologic Sta	of the primary melanoma and mph nodes after partial or age 0 or Stage IA patients are ic evaluation of their lymph	
☐ Stage unl	□ Stage unknown								
PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS) (SITE-SPECI				ACTORS	S)			For ide TNM or	al Notes: ntification of special cases of r pTNM classifications, the "m"
CLINICALLY SIGNIFICANT:								and "y," "r," and "a" prefixes are Although they do not affect the	
Measured thickness (depth) Ulceration								grouping, they indicate cases	
Serum lactate dehydrogenase (LDH)								g separate analysis.  ix indicates the presence of	
Mitotic rate Tumor infiltrating lymphocytes (TIL)							multiple	e primary tumors in a single	
Level of in	vasion							site and	d is recorded in parentheses:
Vertical gr	owth plate							' ' '	<b>x</b> indicates those cases in
1169163510	"11							which o	classification is performed
Histologic Grade (G) (also known as overall grade)  during or following initial therapy. The cTNM or p					or following initial multimodality  7. The cTNM or pTNM				
Histologic grading is not used in the staging of Melanoma.				catego	ry is identified by a "y" prefix. TNM or ypTNM categorizes				
								the exte	ent of tumor actually present at
									e of that examination. The "y" rization is not an estimate of
									orior to multimodality therapy.
HOSPITAL N	AME/ADD	RESS		PATII	ENT NA	ME/INFORM	IATION		

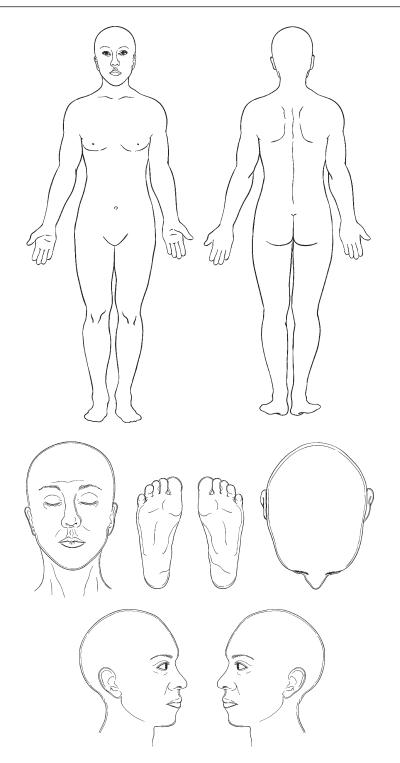
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	<del></del>	General Notes (continued):		
Additional Descriptors  Lymphatic Vessel Invasion (L) and Venous Invasion (V) have been co	r prefix indicates a recurrent tumor			
Invasion (LVI) for collection by cancer registrars. The College of Americar should be used as the primary source. Other sources may be used in the is given to positive results.	when staged after a disease-free interval, and is identified by the "r" prefix: rTNM.			
☐ Lymph-Vascular Invasion Not Present (absent)/Not Identified☐ Lymph-Vascular Invasion Present/Identified		a prefix designates the stage determined at autopsy: aTNM.		
☐ Not Applicable ☐ Unknown/Indeterminate  Residual Tumor (R)  The absence or presence of residual tumor after treatment. In some case:		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.		
with neoadjuvant therapy there will be residual tumor at the primary site a incomplete resection or local and regional disease that extends beyond the RX Presence of residual tumor cannot be assessed R0 No residual tumor R1 Microscopic residual tumor R2 Macroscopic residual tumor		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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