

MERKEL CELL CARCINOMA 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"/> midline <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"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4	PRIMARY TUMOR (T) Primary tumor cannot be assessed No evidence of primary tumor <i>In situ</i> primary tumor Less than or equal to 2 cm maximum tumor dimension Greater than 2 cm but not more than 5 cm maximum tumor dimension Over 5 cm maximum tumor dimension Primary tumor invades bone, muscle, fascia, or cartilage	<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"/> T4																																																																			
<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> cN0 <input type="checkbox"/> N1 <input type="checkbox"/> N2	REGIONAL LYMPH NODES (N) Regional lymph nodes cannot be assessed No regional lymph node metastasis Nodes negative by clinical exam* (no pathologic node exam performed) Nodes negative by pathologic exam Metastasis in regional lymph node(s) Micrometastasis** Macrometastasis*** In transit metastasis **** *Clinical detection of nodal disease may be via inspection, palpation and/or imaging **Isolated tumor cells in a lymph node are classified as micrometastases (N1a) and the presence of isolated tumor cells recorded using the prognostic factor. Micrometastases are diagnosed after sentinel or elective lymphadenectomy ***Macrometastases are defined as clinically detectable nodal metastases confirmed by therapeutic lymphadenectomy or needle biopsy ****In transit metastasis: a tumor distinct from the primary lesion and located either 1) between the primary lesion and the draining regional lymph nodes or 2) distal to the primary lesion	<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> pN0 <input type="checkbox"/> N1 <input type="checkbox"/> N1a <input type="checkbox"/> N1b <input type="checkbox"/> N2																																																																			
<input type="checkbox"/> M0 <input type="checkbox"/> M1 <input type="checkbox"/> M1a <input type="checkbox"/> M1b <input type="checkbox"/> M1c	DISTANT METASTASIS (M) No distant metastasis (no pathologic M0; use clinical M to complete stage group) Metastasis beyond regional lymph nodes Metastasis to skin, subcutaneous tissues or distant lymph nodes Metastasis to lung Metastasis to all other visceral sites	<input type="checkbox"/> M1 <input type="checkbox"/> M1a <input type="checkbox"/> M1b <input type="checkbox"/> M1c																																																																			
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PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

REQUIRED FOR STAGING: None

CLINICALLY SIGNIFICANT:

- Measured Thickness (Depth) _____
- Tumor Base Transection Status _____
- Profound Immune Suppression _____
- Tumor Infiltrating Lymphocytes in the Primary Tumor (TIL) _____
- Growth Pattern of Primary Tumor _____
- Size of tumor nests in regional lymph nodes _____
- Clinical Status of Regional Lymph Nodes _____
- Regional Lymph Nodes Pathological Extracapsular Extension _____
- Isolated Tumor Cells in Regional Lymph Node(s) _____

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.

General Notes (continued):

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.

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

Histologic grade is not used in the staging of Merkel cell carcinoma.

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

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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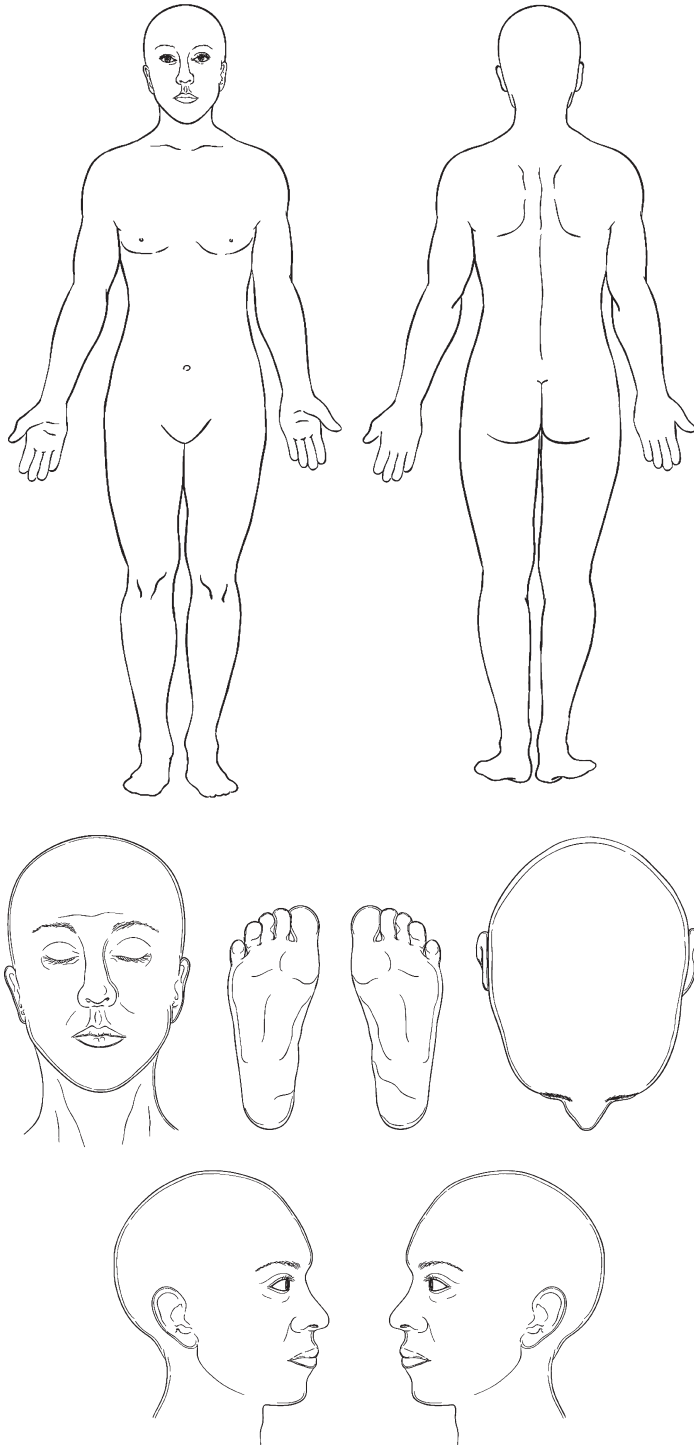
PATIENT NAME/INFORMATION

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Illustration

Indicate on diagram primary tumor and regional nodes involved.



HOSPITAL NAME/ADDRESS

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