

NASAL CAVITY AND PARANASAL SINUSES 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 | Primary tumor cannot be assessed No evidence of primary tumor Tis Carcinoma <i>in situ</i> | <input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis |
| <input type="checkbox"/> T1 <input type="checkbox"/> T2 | Maxillary Sinus Tumor limited to maxillary sinus mucosa with no erosion or destruction of bone Tumor causing bone erosion or destruction including extension into the hard palate and/or middle nasal meatus, except extension to posterior wall of maxillary sinus and pterygoid plates | <input type="checkbox"/> T1 <input type="checkbox"/> T2 |
| <input type="checkbox"/> T3 | Tumor invades any of the following: bone of the posterior wall of maxillary sinus, subcutaneous tissues, floor or medial wall of orbit, pterygoid fossa, ethmoid sinuses | <input type="checkbox"/> T3 |
| <input type="checkbox"/> T4a <input type="checkbox"/> T4b | Moderately advanced local disease. Tumor invades anterior orbital contents, skin of cheek, pterygoid plates, infratemporal fossa, cribriform plate, sphenoid or frontal sinuses Very advanced local disease. Tumor invades any of the following: orbital apex, dura, brain, middle cranial fossa, cranial nerves other than maxillary division of trigeminal nerve (V ₂), nasopharynx, or clivus | <input type="checkbox"/> T4a <input type="checkbox"/> T4b |
| <input type="checkbox"/> T1 <input type="checkbox"/> T2 | Nasal Cavity and Ethmoid Sinus Tumor restricted to any one subsite, with or without bony invasion Tumor invading two subsites in a single region or extending to involve an adjacent region within the nasoethmoidal complex, with or without bony invasion | <input type="checkbox"/> T1 <input type="checkbox"/> T2 |
| <input type="checkbox"/> T3 <input type="checkbox"/> T4a <input type="checkbox"/> T4b | Tumor extends to invade the medial wall or floor of the orbit, maxillary sinus, palate, or cribriform plate Moderately advanced local disease. Tumor invades any of the following: anterior orbital contents, skin of nose or cheek, minimal extension to anterior cranial fossa, pterygoid plates, sphenoid or frontal sinuses Very advanced local disease. Tumor invades any of the following: orbital apex, dura, brain, middle cranial fossa, cranial nerves other than (V ₂), nasopharynx, or clivus | <input type="checkbox"/> T3 <input type="checkbox"/> T4a <input type="checkbox"/> T4b |
| REGIONAL LYMPH NODES (N) | | |
| <input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N2a | Regional lymph nodes cannot be assessed No regional lymph node metastasis Metastasis in a single ipsilateral lymph node, 3 cm or less in greatest dimension 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 Metastasis in a single ipsilateral lymph node, more than 3 cm but not more than 6 cm in greatest dimension | <input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N2a |
| HOSPITAL NAME/ADDRESS | PATIENT NAME/INFORMATION | |

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|--|--|--|
| <input type="checkbox"/> N2b <input type="checkbox"/> N2c <input type="checkbox"/> N3 | Metastasis in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension Metastasis in a lymph node, more than 6 cm in greatest dimension | <input type="checkbox"/> N2b <input type="checkbox"/> N2c <input type="checkbox"/> N3 |
| <input type="checkbox"/> M0 <input type="checkbox"/> M1 | DISTANT METASTASIS (M) No distant metastasis (no pathologic M0; use clinical M to complete stage group) Distant metastasis | <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 |
| <input type="checkbox"/> IVA | T3 | N1 | M0 | <input type="checkbox"/> IVA | T3 | N1 | M0 |
| | T4a | N0 | M0 | | T4a | N0 | M0 |
| | T4a | N1 | M0 | | T4a | N1 | M0 |
| <input type="checkbox"/> IVB | T1 | N2 | M0 | <input type="checkbox"/> IVB | 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 | | | |

PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

REQUIRED FOR STAGING: None

CLINICALLY SIGNIFICANT:

- Size of Lymph Nodes _____
- Extracapsular Extension from Lymph Nodes for Head & Neck _____
- Head & Neck Lymph Nodes Levels I-III _____
- Head & Neck Lymph Nodes Levels IV-V _____
- Head & Neck Lymph Nodes Levels VI-VII _____
- Other Lymph Nodes Group _____
- Clinical Location of cervical nodes _____
- Extracapsular spread (ECS) Clinical _____
- Extracapsular spread (ECS) Pathologic _____
- Human Papillomavirus (HPV) Status _____
- Tumor Thickness _____

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.

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

Grading system

- 2 grade system
- 3 grade system
- 4 grade system
- No 2, 3, or 4 grade system is available

Grade

- Grade I or 1
- Grade II or 2
- Grade III or 3
- Grade IV or 4

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):

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.

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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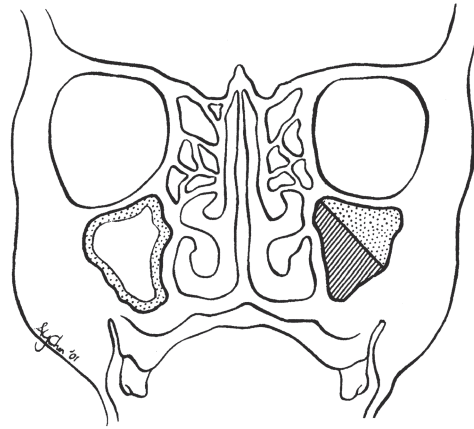
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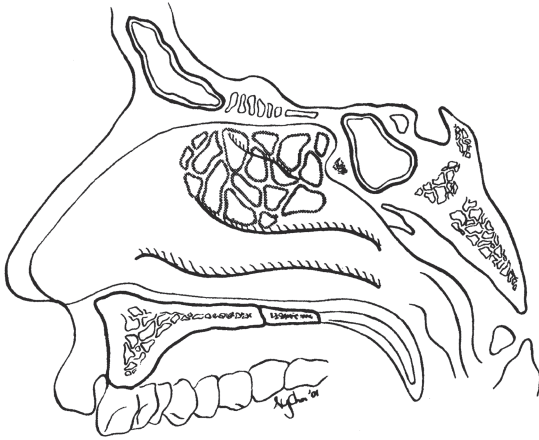
Illustration

Indicate on diagram primary tumor and regional nodes involved.

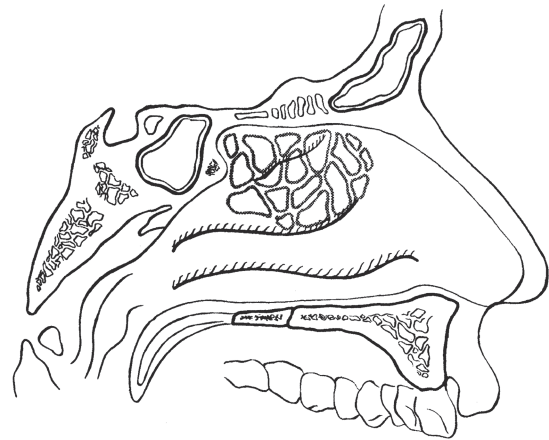
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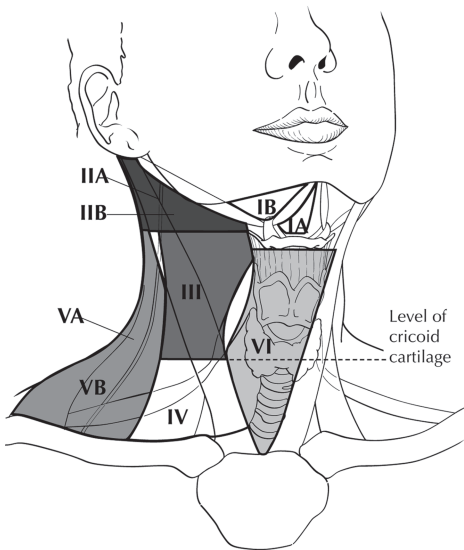
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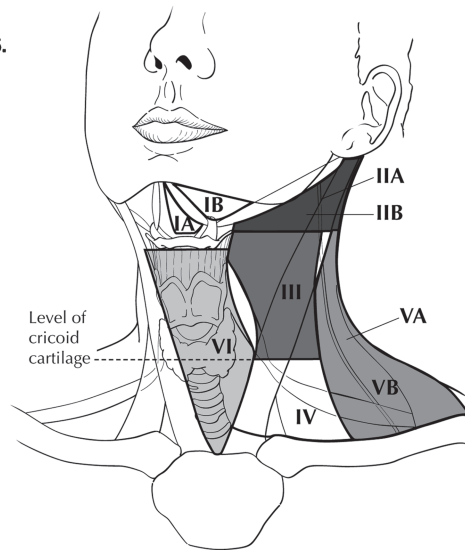
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4.



5.



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