


LIP AND ORAL CAVITY

 Hospital Name/Address Presbyterian Hospital of Dallas Texas Health Resources 8200 Walnut Hill Lane <input type="checkbox"/> Dallas, Texas 75231

Patient Name/Information Patient name _____ <input type="checkbox"/> <input type="checkbox"/> Medical Record # _____ <input type="checkbox"/> <input type="checkbox"/> Date of Classification _____

Type of Specimen _____

Histopathologic Type _____

Tumor Size _____

 Laterality: Bilateral Left Right

DEFINITIONS

Clinical	Pathologic		Primary Tumor (T)
<input type="checkbox"/>	<input type="checkbox"/>	TX	Primary tumor cannot be assessed
<input type="checkbox"/>	<input type="checkbox"/>	T0	No evidence of primary tumor
<input type="checkbox"/>	<input type="checkbox"/>	Tis	Carcinoma <i>in situ</i>
<input type="checkbox"/>	<input type="checkbox"/>	T1	Tumor 2 cm or less in greatest dimension
<input type="checkbox"/>	<input type="checkbox"/>	T2	Tumor more than 2 cm but not more than 4 cm in greatest dimension
<input type="checkbox"/>	<input type="checkbox"/>	T3	Tumor more than 4 cm in greatest dimension
<input type="checkbox"/>	<input type="checkbox"/>	T4	(Lip) Tumor invades through cortical bone, inferior alveolar nerve, floor of mouth, or skin of face, i.e., chin or nose ⁽¹⁾
<input type="checkbox"/>	<input type="checkbox"/>	T4a	(Oral Cavity) Tumor invades through cortical bone, into deep [extrinsic] muscle of tongue (genioglossus, hyoglossus, palatoglossus, and styloglossus), maxillary sinus, or skin of face
<input type="checkbox"/>	<input type="checkbox"/>	T4b	Tumor involves masticator space, pterygoid plates, or skull base and/or encases internal carotid artery

Notes

1. Superficial erosion alone of bone/tooth socket by gingival primary is not sufficient to classify as T4.

Clinical	Pathologic		Regional Lymph Nodes (N)
<input type="checkbox"/>	<input type="checkbox"/>	NX	Regional lymph nodes cannot be assessed
<input type="checkbox"/>	<input type="checkbox"/>	N0	No regional lymph node metastasis
<input type="checkbox"/>	<input type="checkbox"/>	N1	Metastasis in a single ipsilateral lymph node, 3 cm or less in greatest dimension
<input type="checkbox"/>	<input type="checkbox"/>	N2	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
<input type="checkbox"/>	<input type="checkbox"/>	N2a	Metastasis in single ipsilateral lymph node more than 3 cm but not more than 6 cm in greatest dimension
<input type="checkbox"/>	<input type="checkbox"/>	N2b	Metastasis in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension
<input type="checkbox"/>	<input type="checkbox"/>	N2c	Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension
<input type="checkbox"/>	<input type="checkbox"/>	N3	Metastasis in a lymph node more than 6 cm in greatest dimension

Clinical	Pathologic		Distant Metastasis (M)
<input type="checkbox"/>	<input type="checkbox"/>	MX	Distant metastasis cannot be assessed
<input type="checkbox"/>	<input type="checkbox"/>	M0	No distant metastasis
<input type="checkbox"/>	<input type="checkbox"/>	M1	Distant metastasis
			Biopsy of metastatic site performed..... <input type="checkbox"/> Y <input type="checkbox"/> N
			Source of pathologic metastatic specimen _____

Clinical	Pathologic		Stage Grouping
<input type="checkbox"/>	<input type="checkbox"/>	0	Tis N0 M0
<input type="checkbox"/>	<input type="checkbox"/>	I	T1 N0 M0
<input type="checkbox"/>	<input type="checkbox"/>	II	T2 N0 M0
			III
			T3 N0 M0
			T1 N1 M0
			T2 N1 M0
			T3 N1 M0
<input type="checkbox"/>	<input type="checkbox"/>	IVA	T4a N0 M0
			T4a N1 M0
			T1 N2 M0
			T2 N2 M0
			T3 N2 M0
			T4a N2 M0
<input type="checkbox"/>	<input type="checkbox"/>	IVB	Any T N3 M0
			T4b Any N M0
<input type="checkbox"/>	<input type="checkbox"/>	IVC	Any T Any N M1

Histologic Grade (G)

- GX Grade cannot be assessed
- G1 Well differentiated
- G2 Moderately differentiated
- G3 Poorly differentiated

Residual Tumor (R)

- RX Presence of residual tumor cannot be assessed
- R0 No residual tumor
- R1 Microscopic residual tumor
- R2 Macroscopic residual tumor

Additional Descriptors

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.

Notes

Additional Descriptors

Lymphatic Vessel Invasion (L)

- LX Lymphatic vessel invasion cannot be assessed
- L0 No lymphatic vessel invasion
- L1 Lymphatic vessel invasion

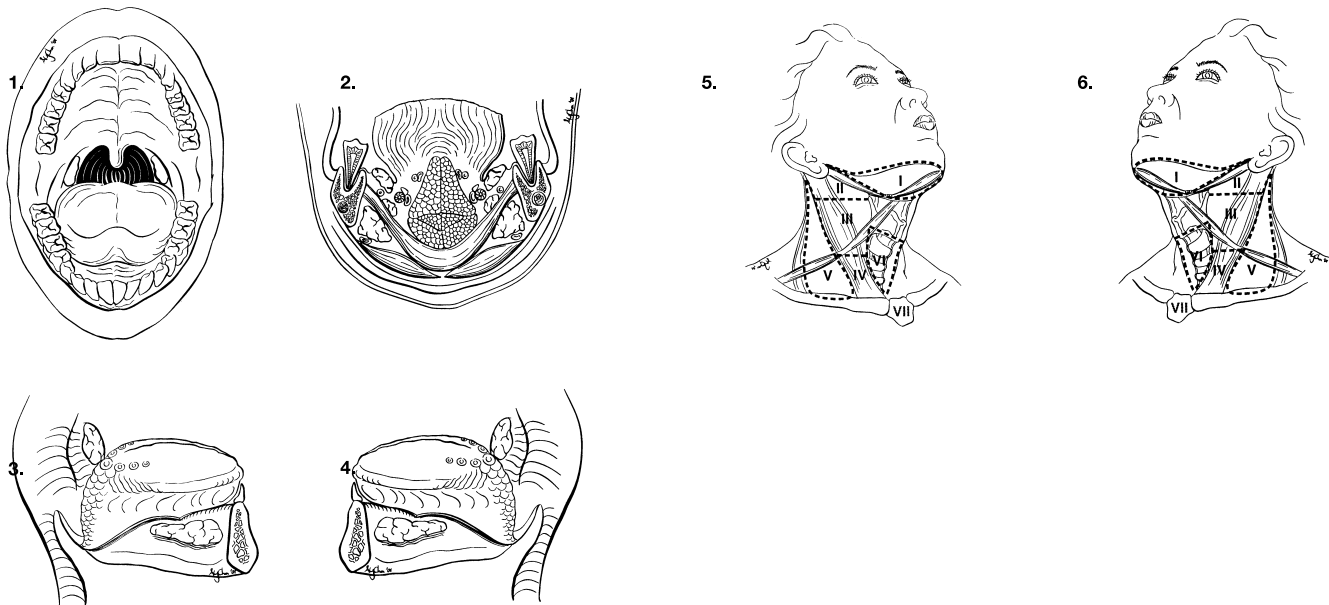
Venous Invasion (V)

- VX Venous invasion cannot be assessed
- V0 No venous invasion
- V1 Microscopic venous invasion
- V2 Macroscopic venous invasion

Prognostic Indicators (if applicable) _____

ILLUSTRATION

Indicate on diagram primary tumor and regional nodes involved.



Staging Support Request:

____ Please fax staging form to my office for completion at fax # _____

____ Please assign staging form to Dr. _____

____ I am unable to stage at this time because workup is incomplete. Please return chart to me in 60 days.

Staging Summary: T _____ N _____ M _____ Stage Group _____

Physician's Signature _____ Date _____