


**PHARYNX (INCLUDING BASE OF TONGUE, SOFT PALATE, AND UVULA)**

 <p><b>Hospital Name/Address</b>  <b>Presbyterian Hospital of Dallas</b>          Texas Health Resources</p> <p>8200 Walnut Hill Lane □          Dallas, Texas 75231</p>
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<p><b>Patient Name/Information</b></p> <p>Patient name _____ □  <input type="checkbox"/></p> <p>Medical Record # _____ □  <input type="checkbox"/></p> <p>Date of Classification _____</p>
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Type of Specimen \_\_\_\_\_  
 Tumor Size \_\_\_\_\_

Histopathologic Type \_\_\_\_\_  
 Laterality:    Bilateral    Left    Right

**DEFINITIONS**

<i>Clinical</i>	<i>Pathologic</i>	<b>Primary Tumor (T)</b>
<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>
<i>Nasopharynx</i>		
<input type="checkbox"/>	<input type="checkbox"/>	T1 Tumor confined to the nasopharynx
<input type="checkbox"/>	<input type="checkbox"/>	T2 Tumor extends to soft tissues
<input type="checkbox"/>	<input type="checkbox"/>	T2a Tumor extends to the oropharynx and/or nasal cavity without parapharyngeal extension <sup>(1)</sup>
<input type="checkbox"/>	<input type="checkbox"/>	T2b Any tumor with parapharyngeal extension <sup>(1)</sup>
<input type="checkbox"/>	<input type="checkbox"/>	T3 Tumor involves bony structures and/or paranasal sinuses
<input type="checkbox"/>	<input type="checkbox"/>	T4 Tumor with intracranial extension and/or involvement of cranial nerves, infra-temporal fossa, hypopharynx, orbit, or masticator space
<i>Oropharynx</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"/>	T4a Tumor invades the larynx, deep/extrinsic muscle of tongue, medial pterygoid, hard palate, or mandible
<input type="checkbox"/>	<input type="checkbox"/>	T4b Tumor invades lateral pterygoid muscle, pterygoid plates, lateral nasopharynx, or skull base or encases carotid artery
<i>Hypopharynx</i>		
<input type="checkbox"/>	<input type="checkbox"/>	T1 Tumor limited to one subsite of hypopharynx and 2 cm or less in greatest dimension
<input type="checkbox"/>	<input type="checkbox"/>	T2 Tumor invades more than one subsite of hypopharynx or an adjacent site, or measures more than 2 cm but not more than 4 cm in greatest diameter without fixation of hemilarynx
<input type="checkbox"/>	<input type="checkbox"/>	T3 Tumor measures more than 4 cm in greatest dimension or with fixation of hemilarynx
<input type="checkbox"/>	<input type="checkbox"/>	T4a Tumor invades thyroid/cricoid cartilage, hyoid bone, thyroid gland, esophagus or central compartment soft tissue <sup>(2)</sup>
<input type="checkbox"/>	<input type="checkbox"/>	T4b Tumor invades prevertebral fascia, encases carotid artery, or involves mediastinal structures

**Notes**

1. Parapharyngeal extension denotes posterolateral infiltration of tumor beyond the pharyngobasilar fascia.
2. Central compartment soft tissue includes prelaryngeal strap muscles and subcutaneous fat.
3. Midline nodes are considered ipsilateral nodes.

**Regional Lymph Nodes (N)**

<i>Nasopharynx</i>		
<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 Unilateral metastasis in lymph node(s), 6 cm or less in greatest dimension, above the supraclavicular fossa <sup>(3)</sup>
<input type="checkbox"/>	<input type="checkbox"/>	N2 Bilateral metastasis in lymph node(s), 6 cm or less in greatest dimension, above the supraclavicular fossa <sup>(3)</sup>
<input type="checkbox"/>	<input type="checkbox"/>	N3 Metastasis in a lymph node(s) >6cm and/or to supraclavicular fossa
<input type="checkbox"/>	<input type="checkbox"/>	N3a Greater than 6 cm in dimension
<input type="checkbox"/>	<input type="checkbox"/>	N3b Extension to the supraclavicular fossa <sup>(3)</sup>
<i>Oropharynx and Hypopharynx</i>		
<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 a 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

<b>Clinical</b>	<b>Pathologic</b>	<b>Distant Metastasis (M)</b>
<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 _____		

<b>Clinical</b>	<b>Pathologic</b>	<b>Stage Grouping: Nasopharynx</b>				<b>Clinical</b>	<b>Pathologic</b>	<b>Stage Grouping: Oropharynx and Hypopharynx</b>			
<input type="checkbox"/>	<input type="checkbox"/>	0	Tis	N0	M0	<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"/>	I	T1	N0	M0
<input type="checkbox"/>	<input type="checkbox"/>	IIA	T2a	N0	M0	<input type="checkbox"/>	<input type="checkbox"/>	II	T2	N0	M0
<input type="checkbox"/>	<input type="checkbox"/>	IIB	T1	N1	M0	<input type="checkbox"/>	<input type="checkbox"/>	III	T3	N0	M0
			T2	N1	M0				T1	N1	M0
			T2a	N1	M0				T2	N1	M0
			T2b	N0	M0				T3	N1	M0
			T2b	N1	M0				T4a	N0	M0
<input type="checkbox"/>	<input type="checkbox"/>	III	T1	N2	M0	<input type="checkbox"/>	<input type="checkbox"/>	IVA	T4a	N1	M0
			T2a	N2	M0				T1	N2	M0
			T2b	N2	M0				T2	N2	M0
			T3	N0	M0				T3	N2	M0
			T3	N1	M0				T4a	N2	M0
<input type="checkbox"/>	<input type="checkbox"/>	IVA	T3	N2	M0	<input type="checkbox"/>	<input type="checkbox"/>	IVB	T4b	Any N	M0
			T4	N0	M0				Any T	N3	M0
			T4	N1	M0				Any T	Any N	M1
<input type="checkbox"/>	<input type="checkbox"/>	IVB	T4	N2	M0	<input type="checkbox"/>	<input type="checkbox"/>	IVC	Any T	Any N	M1
<input type="checkbox"/>	<input type="checkbox"/>		IVC	Any T	Any N	M1					

**Histologic Grade (G)** (Oropharynx, Hypopharynx)

- 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.

**Prognostic Indicators (If applicable)**

**Notes**

**Additional Descriptors**

**Lymphatic Vessel Invasion (L)**

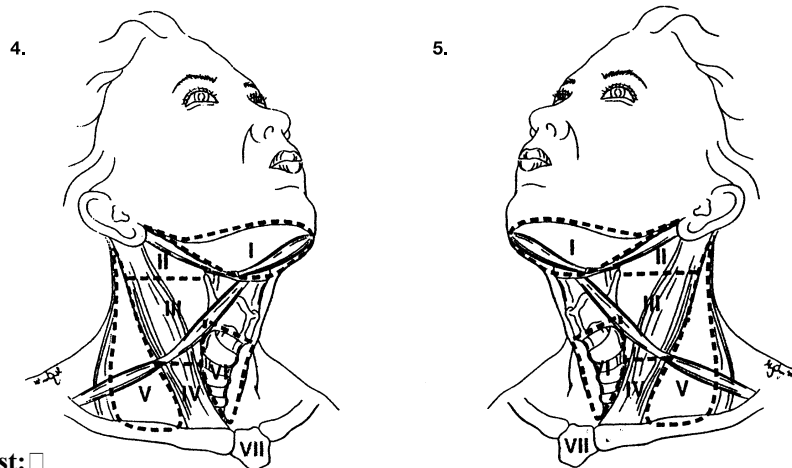
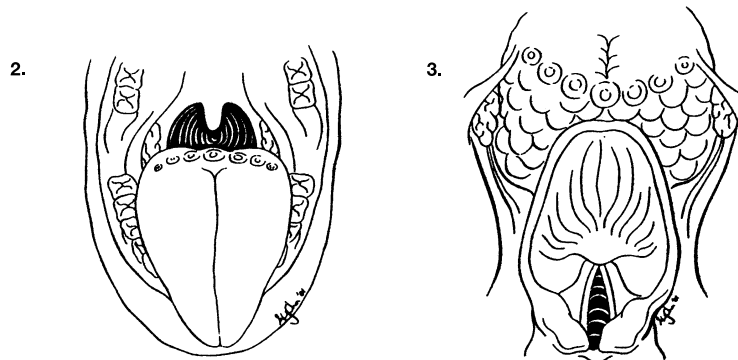
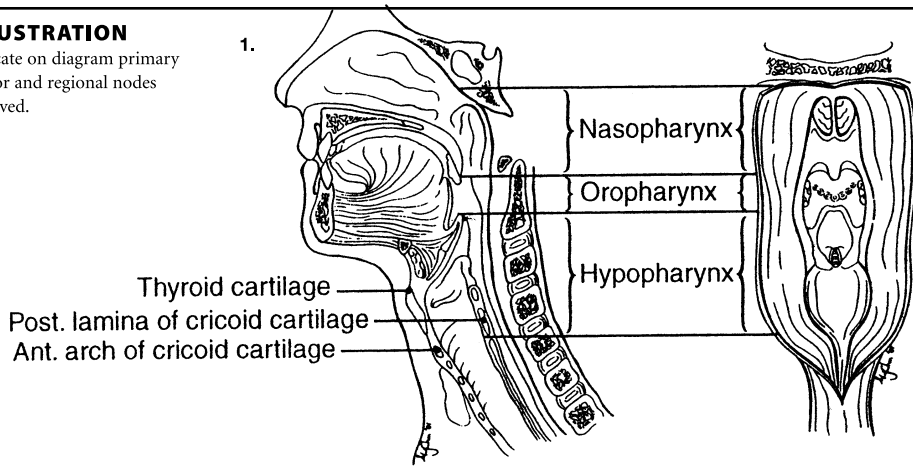
- LX Lymphatic vessel invasion cannot be assessed
- L0 No lymphatic vessel invasion
- L1 Lymphatic vessel invasion

**Venous Invasion (V)**

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

**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.

Physician initials \_\_\_\_\_ Date \_\_\_\_\_

Staging Summary: T \_\_\_\_\_ N \_\_\_\_\_ M \_\_\_\_\_ Stage Group \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_