


LARYNX

Hospital Name/Address

Presbyterian Hospital of Dallas
 Texas Health Resources
 8200 Walnut Hill Lane
 Dallas, Texas 75231

Patient Name/Information
 Patient name _____

 Medical Record # _____

 Date of Classification _____

Type of Specimen _____
 Tumor Size _____

Histopathologic Type _____
 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>
<i>Supraglottis</i>		
<input type="checkbox"/>	<input type="checkbox"/>	T1 Tumor limited to one subsite of supraglottis with normal vocal cord mobility
<input type="checkbox"/>	<input type="checkbox"/>	T2 Tumor invades mucosa of more than one adjacent subsite of supraglottis or glottis or region outside the supraglottis (e.g., mucosa of base of tongue, vallecula, medial wall of pyriform sinus) without fixation of the larynx
<input type="checkbox"/>	<input type="checkbox"/>	T3 Tumor limited to larynx with vocal cord fixation and/or invades any of the following: postcricoid area, pre-epiglottic tissues, paraglottic space, and/or minor thyroid cartilage erosion (e.g., inner cortex)
<input type="checkbox"/>	<input type="checkbox"/>	T4a Tumor invades through the thyroid cartilage and/or invades tissues beyond the larynx (e.g., trachea, soft tissues of neck including deep extrinsic muscle of the tongue, strap muscles, thyroid, or esophagus)
<input type="checkbox"/>	<input type="checkbox"/>	T4b Tumor invades prevertebral space, encases carotid artery, or invades mediastinal structures
<i>Glottis</i>		
<input type="checkbox"/>	<input type="checkbox"/>	T1 Tumor limited to the vocal cord(s)(may involve anterior or posterior commissure) with normal mobility
<input type="checkbox"/>	<input type="checkbox"/>	T1a Tumor limited to one vocal cord
<input type="checkbox"/>	<input type="checkbox"/>	T1b Tumor involves both vocal cords
<input type="checkbox"/>	<input type="checkbox"/>	T2 Tumor extends to supraglottis and/or subglottis, or with impaired vocal cord mobility
<input type="checkbox"/>	<input type="checkbox"/>	T3 Tumor limited to the larynx with vocal cord fixation, and/or invades paraglottic space, and/or minor thyroid cartilage erosion (e.g., inner cortex).
<input type="checkbox"/>	<input type="checkbox"/>	T4a Tumor invades through the thyroid cartilage and/or invades tissues beyond the larynx (e.g., trachea, soft tissues of neck including deep extrinsic muscle of the tongue, strap muscles, thyroid, or esophagus)
<input type="checkbox"/>	<input type="checkbox"/>	T4b Tumor invades prevertebral space, encases carotid artery, or invades mediastinal structures
<i>Subglottis</i>		
<input type="checkbox"/>	<input type="checkbox"/>	T1 Tumor limited to the subglottis
<input type="checkbox"/>	<input type="checkbox"/>	T2 Tumor extends to vocal cord(s) with normal or impaired mobility
<input type="checkbox"/>	<input type="checkbox"/>	T3 Tumor limited to larynx with vocal cord fixation
<input type="checkbox"/>	<input type="checkbox"/>	T4a Tumor invades cricoid or thyroid cartilage and/or invades tissues beyond the larynx (e.g., trachea, soft tissues of neck including deep extrinsic muscles of the tongue, strap muscles, thyroid, or esophagus)
<input type="checkbox"/>	<input type="checkbox"/>	T4b Tumor invades prevertebral space, encases carotid artery, or invades mediastinal structures
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 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
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
Biospy 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
<input type="checkbox"/>	<input type="checkbox"/>	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	T4b	Any N	M0
			Any T	N3	M0
<input type="checkbox"/>	<input type="checkbox"/>	IVC	Any T	Any N	M1

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

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

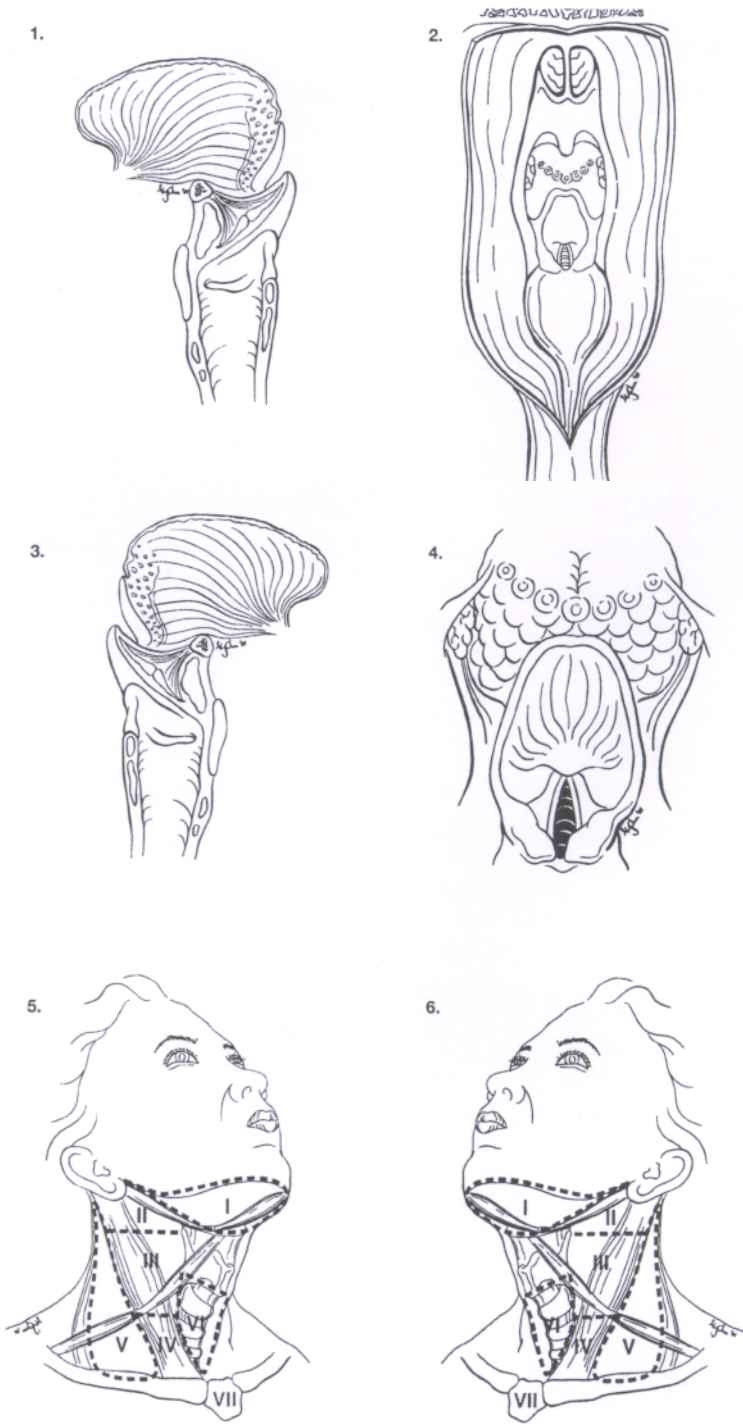
Additional Descriptors

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.

Prognostic Indicators (if applicable)

ILLUSTRATION ary
Indicate on diagram prim
tumor and regional nod
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 _____