


NASAL CAVITY AND PARANASAL SINUSES

Hospital Name/Address
 <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <p style="margin: 0;">Presbyterian Hospital of Dallas</p> <p style="margin: 0; font-size: small;">Texas Health Resources</p> </div>

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 _____
 Tumor Size _____

Histopathologic Type _____
 Laterality: Bilateral Left Right

DEFINITIONS

Primary Tumor (T)

Clinical	Pathologic	
<input type="checkbox"/>	<input type="checkbox"/>	<i>Maxillary Sinus</i>
<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 limited to the maxillary sinus mucosa with no erosion or destruction of bone
<input type="checkbox"/>	<input type="checkbox"/>	T2 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"/>	<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"/>	<input type="checkbox"/>	T4a Tumor invades anterior orbital contents, skin of cheek, pterygoid plates, infratemporal fossa, cribriform plate, sphenoid or frontal sinuses
<input type="checkbox"/>	<input type="checkbox"/>	T4b 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
<i>Nasal Cavity and Ethmoid Sinus</i>		
<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 restricted to any one subsite, with or without bony invasion
<input type="checkbox"/>	<input type="checkbox"/>	T2 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"/>	<input type="checkbox"/>	T3 Tumor extends to invade the medial wall or floor of the orbit, maxillary sinus, palate, or cribriform plate
<input type="checkbox"/>	<input type="checkbox"/>	T4a 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
<input type="checkbox"/>	<input type="checkbox"/>	T4b Tumor invades any of the following: orbital apex, dura, brain, middle cranial fossa, cranial nerves other than V ₂ , nasopharynx, or clivus

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
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
<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
<input type="checkbox"/>	<input type="checkbox"/>	IVB	T4a	N2	M0
			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.

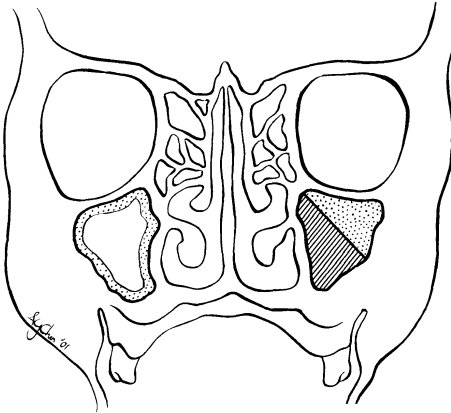
- m suffix** indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.
- y prefix** indicates those cases in which classification is performed during or following initial multimodality therapy. The cTNM or pTNM category is identified by a “y” prefix. 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)

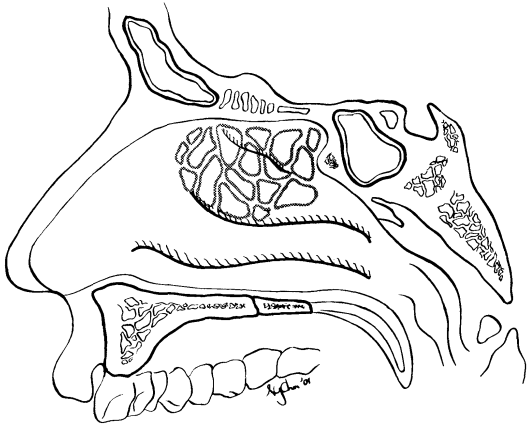
ILLUSTRATION

Indicate on diagram primary tumor and regional nodes involved.

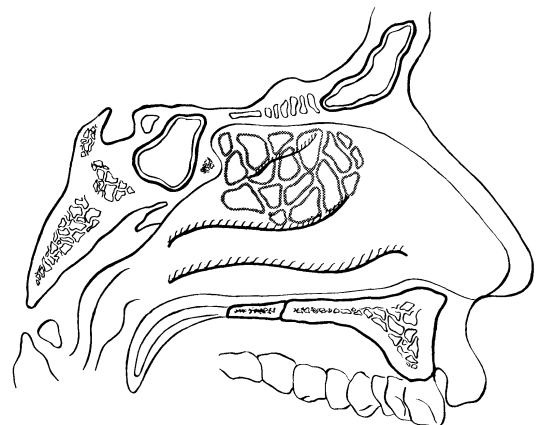
1.



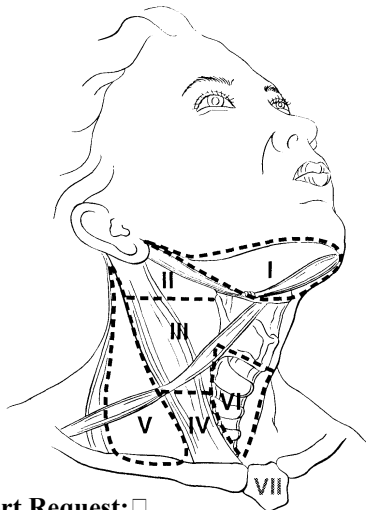
2.



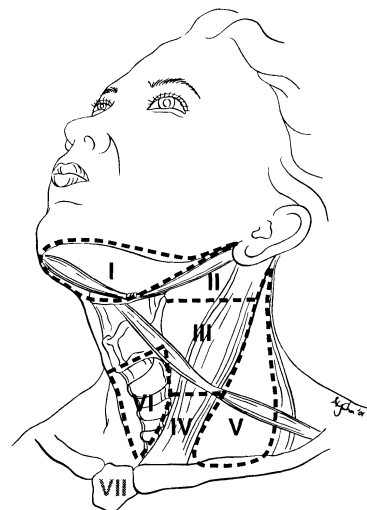
3.



4.



5.



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 _____