


**MAJOR SALIVARY GLANDS (PAROTID, SUBMANDIBULAR, AND SUBLINGUAL)**

**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**

<u>Clinical</u>	<u>Pathologic</u>	<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"/>	T1 Tumor 2 cm or less in greatest dimension without extraparenchymal extension <sup>(1)</sup>
<input type="checkbox"/>	<input type="checkbox"/>	T2 Tumor more than 2 cm but not more than 4 cm in greatest dimension without extraparenchymal extension <sup>(1)</sup>
<input type="checkbox"/>	<input type="checkbox"/>	T3 Tumor more than 4 cm and/or tumor having extraparenchymal extension <sup>(1)</sup>
<input type="checkbox"/>	<input type="checkbox"/>	T4a Tumor invades skin, mandible, ear canal, and/or facial nerve
<input type="checkbox"/>	<input type="checkbox"/>	T4b Tumor invades skull base and/or pterygoid plates and/or encases carotid artery

**Notes**

1. Extraparenchymal extension is clinical or macroscopic evidence of invasion of soft tissues. Microscopic evidence alone does not constitute extraparenchymal extension for classification purposes.

<u>Clinical</u>	<u>Pathologic</u>	<b>Regional Lymph Nodes (N)</b>
<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

<u>Clinical</u>	<u>Pathologic</u>	<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 .....  Y .....  N  
Source of pathologic metastatic specimen \_\_\_\_\_

<u>Clinical</u>	<u>Pathologic</u>	<b>Stage Grouping</b>
<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

**Histologic Grade (G)**

Histologic grading is applicable only to some types of salivary cancer: mucoepidermoid carcinoma, adenocarcinoma not otherwise specified, or when either of these is the carcinomatous element of carcinoma in pleomorphic adenoma. In most instances, the histologic type defines the grade (i.e., salivary duct carcinoma is high grade; basal cell adenocarcinoma is low grade)

**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**

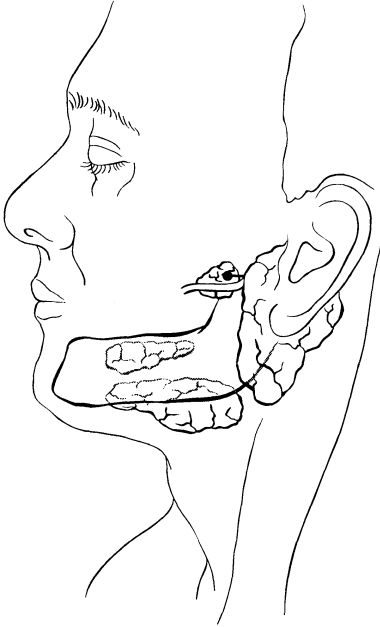
- Lymphatic Vessel Invasion (L)**  
 LX Lymphatic vessel invasion cannot be assessed  
 L0 No lymphatic vessel invasion  
 L1 Lymphatic vessel invasion
- Venous Invasion (V)**  
 VX Venous invasion cannot be assessed  
 V0 No venous invasion  
 V1 Microscopic venous invasion  
 V2 Macroscopic venous invasion

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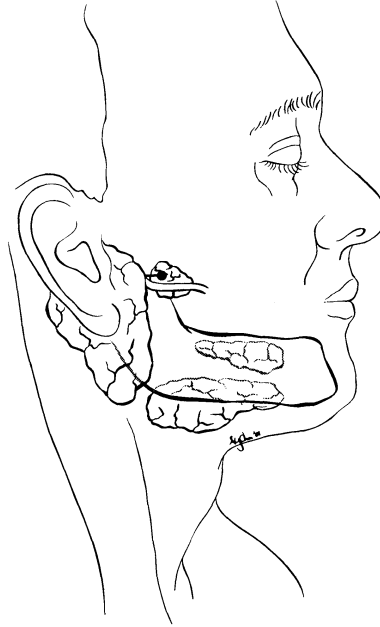
**ILLUSTRATION**

Indicate on diagram primary tumor and regional nodes involved.

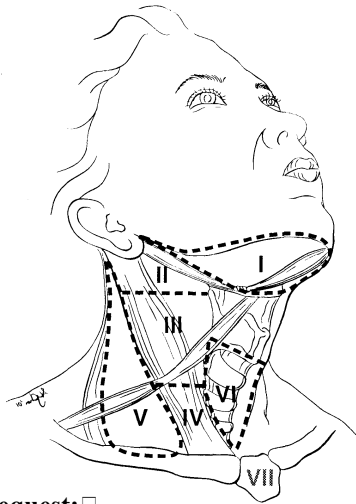
1.



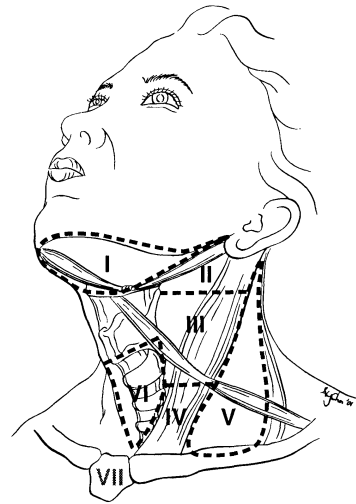
2.



3.



4.



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 \_\_\_\_\_