

# MELANOMA OF THE SKIN

**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 \_\_\_\_\_

Histopathologic Type \_\_\_\_\_

Tumor Size \_\_\_\_\_

Laterality:  Bilateral  Left  Right

### DEFINITIONS

Clinical	Pathologic	<b>Primary Tumor (T)</b>	
<input type="checkbox"/>	<input type="checkbox"/>	TX	Primary tumor cannot be assessed (e.g., shave biopsy or regressed melanoma)
<input type="checkbox"/>	<input type="checkbox"/>	T0	No evidence of primary tumor
<input type="checkbox"/>	<input type="checkbox"/>	Tis	Melanoma <i>in situ</i>
<input type="checkbox"/>	<input type="checkbox"/>	T1	Melanoma ≤1.0 mm with or without ulceration
<input type="checkbox"/>	<input type="checkbox"/>	T1a	Melanoma ≤1.0 mm in thickness and level II or III, no ulceration
<input type="checkbox"/>	<input type="checkbox"/>	T1b	Melanoma ≤1.0 mm in thickness and level IV or V or with ulceration
<input type="checkbox"/>	<input type="checkbox"/>	T2	Melanoma 1.01–2.0 mm in thickness with or without ulceration
<input type="checkbox"/>	<input type="checkbox"/>	T2a	Melanoma 1.01–2.0 mm in thickness, no ulceration
<input type="checkbox"/>	<input type="checkbox"/>	T2b	Melanoma 1.01–2.0 mm in thickness, with ulceration
<input type="checkbox"/>	<input type="checkbox"/>	T3	Melanoma 2.01–4 mm in thickness with or without ulceration
<input type="checkbox"/>	<input type="checkbox"/>	T3a	Melanoma 2.01–4.0 mm in thickness, no ulceration
<input type="checkbox"/>	<input type="checkbox"/>	T3b	Melanoma 2.01–4.0 mm in thickness, with ulceration
<input type="checkbox"/>	<input type="checkbox"/>	T4	Melanoma greater than 4.0 mm in thickness with or without ulceration
<input type="checkbox"/>	<input type="checkbox"/>	T4a	Melanoma >4.0 mm in thickness, no ulceration
<input type="checkbox"/>	<input type="checkbox"/>	T4b	Melanoma >4.0 mm in thickness, with ulceration

The diagnosis for ulceration is   
 made histologically and   
 therefore a tumor with   
 ulceration by histology   
 would be given a pathologic   
 stage.

		<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 one lymph node
<input type="checkbox"/>	<input type="checkbox"/>	N1a	Clinically occult (microscopic) metastasis
<input type="checkbox"/>	<input type="checkbox"/>	N1b	Clinically apparent (macroscopic) metastasis
<input type="checkbox"/>	<input type="checkbox"/>	N2	Metastasis in 2 to 3 regional nodes or intralymphatic regional metastasis without nodal metastasis
<input type="checkbox"/>	<input type="checkbox"/>	N2a	Clinically occult (microscopic) metastasis
<input type="checkbox"/>	<input type="checkbox"/>	N2b	Clinically apparent (macroscopic) metastasis
<input type="checkbox"/>	<input type="checkbox"/>	N2c	Satellite or in-transit metastasis without nodal metastasis
<input type="checkbox"/>	<input type="checkbox"/>	N3	Metastasis in four or more regional nodes, or matted metastatic nodes, or in-transit metastasis or satellite(s) with metastasis in regional node(s)

### Distant Metastasis (M)

- MX Distant metastasis cannot be assessed
  - M0 No distant metastasis
  - M1 Distant metastasis
  - M1a Metastasis to skin, subcutaneous tissues, or distant lymph nodes
  - M1b Metastasis to lung
  - M1c Metastasis to all other visceral sites or distant metastasis at any site associated with an elevated serum lactic dehydrogenase (LDH)
- Biopsy of metastatic site performed .....  Y .....  N
- Source of pathologic metastatic specimen \_\_\_\_\_

### Residual Tumor (R)

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

Pathologic Stage Grouping <sup>(1)</sup>			
<input type="checkbox"/>	0	Tis	N0 M0
<input type="checkbox"/>	IA	T1a	N0 M0
<input type="checkbox"/>	IB	T1b	N0 M0
<input type="checkbox"/>	IIA	T2a	N0 M0
<input type="checkbox"/>		T2b	N0 M0
<input type="checkbox"/>		T3a	N0 M0
<input type="checkbox"/>	IIB	T3b	N0 M0
<input type="checkbox"/>		T4a	N0 M0
<input type="checkbox"/>	IIC	T4b	N0 M0
<input type="checkbox"/>	IIIA	T1-4a	N1a M0
<input type="checkbox"/>		T1-4a	N2a M0
<input type="checkbox"/>	IIIB	T1-4b	N1a M0
<input type="checkbox"/>		T1-4b	N2a M0
<input type="checkbox"/>		T1-4a	N1b M0
<input type="checkbox"/>		T1-4a	N2b M0
<input type="checkbox"/>		T1-4a/b	N2c M0
<input type="checkbox"/>	IIIC	T1-4b	N1b M0
<input type="checkbox"/>		T1-4b	N2b M0
<input type="checkbox"/>		Any T	N3 M0
<input type="checkbox"/>	IV	Any T	Any N M1

Clinical Stage Grouping <sup>(2)</sup>			
<input type="checkbox"/>	0	Tis	N0 M0
<input type="checkbox"/>	IA	T1a	N0 M0
<input type="checkbox"/>	IB	T1b	N0 M0
<input type="checkbox"/>	IIA	T2a	N0 M0
<input type="checkbox"/>		T2b	N0 M0
<input type="checkbox"/>		T3a	N0 M0
<input type="checkbox"/>	IIB	T3b	N0 M0
<input type="checkbox"/>		T4a	N0 M0
<input type="checkbox"/>	IIC	T4b	N0 M0
<input type="checkbox"/>	III	Any T	N1 M0
<input type="checkbox"/>		Any T	N2 M0
<input type="checkbox"/>		Any T	N3 M0
<input type="checkbox"/>	IV	Any T	Any N M1

**Notes**

1. Pathologic staging includes microstaging of the primary melanoma and pathologic information about the regional lymph nodes after partial or complete lymphadenectomy. Pathologic Stage 0 or Stage IA patients are the exception; they do not require pathological evaluation of their lymph nodes.
2. Clinical staging includes microstaging of the primary melanoma and clinical/radiologic evaluation for metastases. By convention, it should be used after complete excision.

**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

**Additional Descriptors**

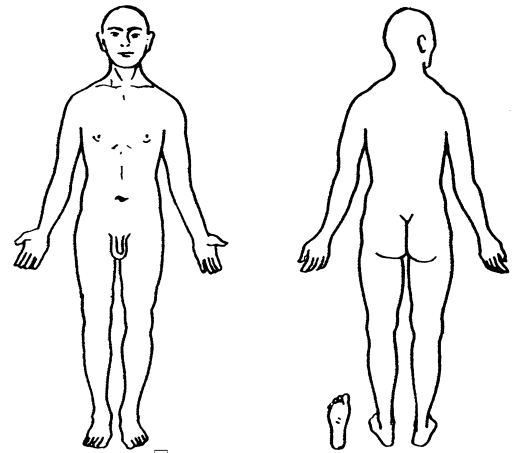
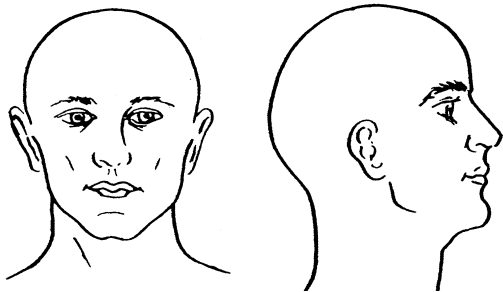
For identification of special cases of TNM or pTNM classifications, the “m” suffix and “y,” “r,” and “a” prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.

- 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.



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's initials \_\_\_\_\_ Date \_\_\_\_\_

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

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