CARCINOMA OF THE EYELID

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*	**Primary Tumor (T)**	
☐	☐	TX	Primary tumor cannot be assessed
☐	☐	T0	No evidence of primary tumor
☐	☐	Tis	Carcinoma *in situ*
☐	☐	T1	Tumor of any size, not invading the tarsal plate or, at the eyelid margin, 5 mm or less in greatest dimension
☐	☐	T2	Tumor invades tarsal plate or, at the eyelid margin, more than 5 mm but not more than 10 mm in greatest dimension
☐	☐	T3	Tumor involves full eyelid thickness or, at the eyelid margin, more than 10 mm in greatest dimension
☐	☐	T4	Tumor invades adjacent structures, which include bulbar conjunctiva, sclera and globe, soft tissues of the orbit, perineural space, bone and periosteum of the orbit, nasal cavity and paranasal sinuses, and central nervous system

Regional Lymph Nodes (N)

☐	☐	NX	Regional lymph nodes cannot be assessed
☐	☐	N0	No regional lymph node metastasis
☐	☐	N1	Regional lymph node metastasis

Distant Metastasis (M)

☐	☐	MX	Distant metastasis cannot be assessed
☐	☐	M0	No distant metastasis
☐	☐	M1	Distant metastasis

Biopsy of metastatic site performed ..... ☐Y ..... ☐N

Source of pathologic metastatic specimen _____

Stage Grouping

No stage grouping is presently recommended

Histologic Grade (G)

☐ GX Grade cannot be assessed
☐ G1 Well differentiated
☐ G2 Moderately differentiated
☐ G3 Poorly differentiated
☐ G4 Undifferentiated or differentiation is not applicable

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 based on:
☐ **Fine-needle aspiration biopsy**
☐ **Excisional biopsy**
☐ **Lumpectomy**
☐ **Total excision**

(Note: In total excision histopathologic study of the surgical margins is mandatory. If surgical excision includes globe, then conjunctival margins and the resection margin of the optic nerve need to be examined.)

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

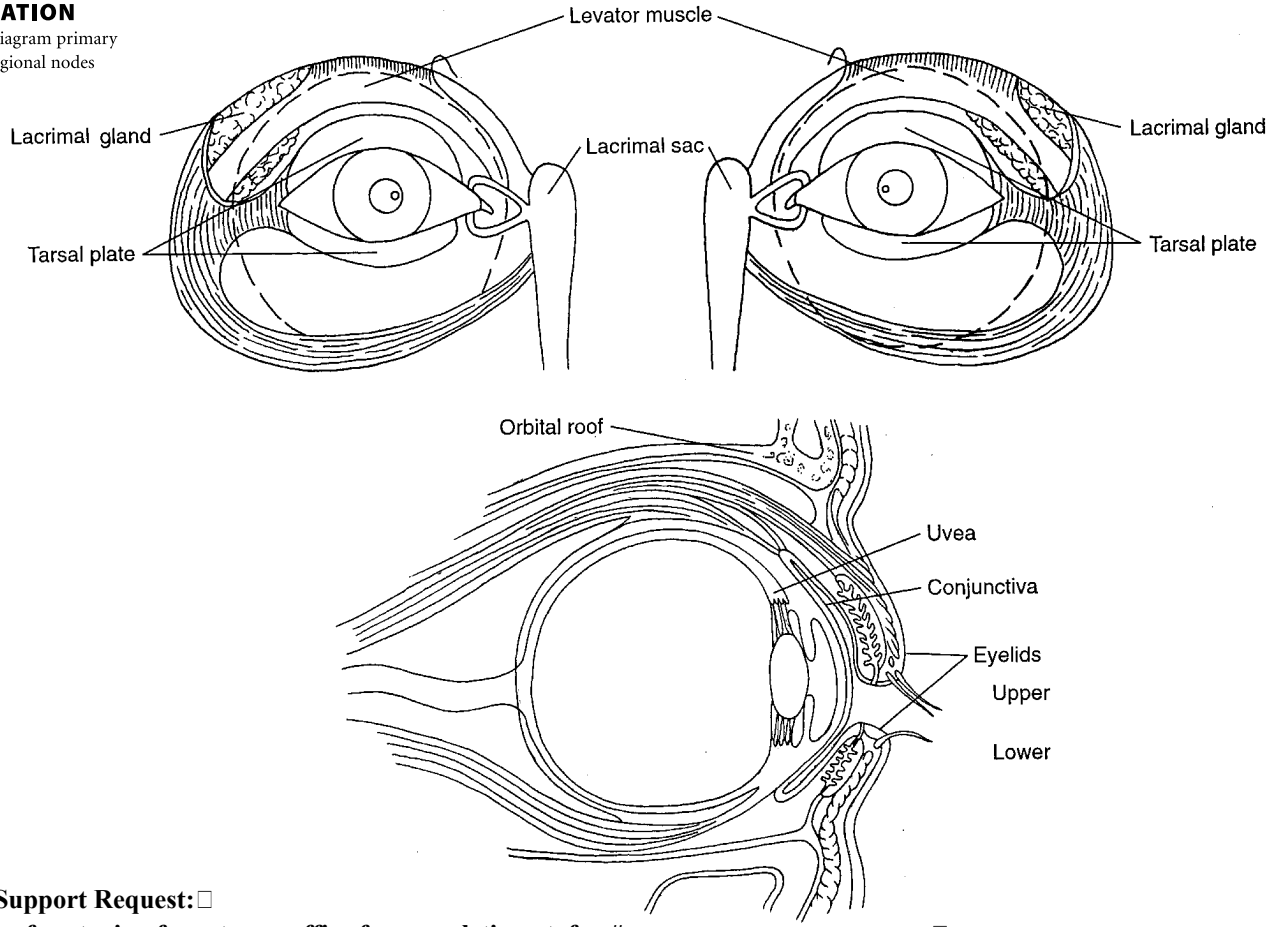
Additional Descriptors

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 NA

Physician's Signature _____ Date_____