


# MALIGNANT MELANOMA OF THE UVEA

<b>Hospital Name/Address</b>
 <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <p style="margin: 0;"><b>Presbyterian Hospital of Dallas</b></p> <p style="margin: 0; font-size: small;">Texas Health Resources</p> <p style="margin: 0;">8200 Walnut Hill Lane <input type="checkbox"/></p> <p style="margin: 0;">Dallas, Texas 75231</p> </div>

<b>Patient Name/Information</b>
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

Clinical	Pathologic	Primary Tumor (T) <i>All Uveal Melanomas</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

#### *Iris*

<input type="checkbox"/>	<input type="checkbox"/>	T1 Tumor limited to the iris
<input type="checkbox"/>	<input type="checkbox"/>	T1a Tumor limited to the iris (not more than 3 clock hours in size)
<input type="checkbox"/>	<input type="checkbox"/>	T1b Tumor limited to the iris (more than 3 clock hours in size)
<input type="checkbox"/>	<input type="checkbox"/>	T1c Tumor limited to iris with melanolytic glaucoma
<input type="checkbox"/>	<input type="checkbox"/>	T2 Tumor confluent with or extending into the ciliary body and/or choroid
<input type="checkbox"/>	<input type="checkbox"/>	T2a Tumor confluent with or extending into the ciliary body and/or choroid with melanolytic glaucoma
<input type="checkbox"/>	<input type="checkbox"/>	T3 Tumor confluent with or extending into the ciliary body and/or choroid with scleral extension
<input type="checkbox"/>	<input type="checkbox"/>	T3a Tumor confluent with or extending into the ciliary body with scleral extension and melanolytic glaucoma
<input type="checkbox"/>	<input type="checkbox"/>	T4 Tumor with extraocular extension

#### *Ciliary Body and Choroid*

<input type="checkbox"/>	<input type="checkbox"/>	T1 Tumor 10 mm or less in greatest diameter and 2.5 mm or less in greatest height (thickness) <sup>(1)</sup>
<input type="checkbox"/>	<input type="checkbox"/>	T1a Tumor 10 mm or less in greatest diameter and 2.5 mm or less in greatest height (thickness) without microscopic extraocular extension
<input type="checkbox"/>	<input type="checkbox"/>	T1b Tumor 10 mm or less in greatest diameter and 2.5 mm or less in greatest height (thickness) with microscopic extraocular extension
<input type="checkbox"/>	<input type="checkbox"/>	T1c Tumor 10 mm or less in greatest diameter and 2.5 mm or less in greatest height (thickness) with macroscopic extraocular extension
<input type="checkbox"/>	<input type="checkbox"/>	T2 Tumor greater than 10 mm but not more than 16 mm in greatest basal diameter and between 2.5 and 10 mm in maximum height (thickness) <sup>(1)</sup>
<input type="checkbox"/>	<input type="checkbox"/>	T2a Tumor 10 mm to 16 mm in greatest basal diameter and between 2.5 and 10 mm in maximum height (thickness) without microscopic extraocular extension
<input type="checkbox"/>	<input type="checkbox"/>	T2b Tumor 10 mm to 16 mm in greatest basal diameter and between 2.5 and 10 mm in maximum height (thickness) with microscopic extraocular extension
<input type="checkbox"/>	<input type="checkbox"/>	T2c Tumor 10 mm to 16 mm in greatest basal diameter and between 2.5 and 10 mm in maximum height (thickness) with macroscopic extraocular extension
<input type="checkbox"/>	<input type="checkbox"/>	T3 Tumor more than 16 mm in greatest diameter and/or greater than 10 mm in maximum height (thickness) without extraocular extension <sup>(1)</sup>
<input type="checkbox"/>	<input type="checkbox"/>	T4 Tumor more than 16 mm in greatest diameter and/or greater than 10 mm in maximum height (thickness) with extraocular extension

#### **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 \_\_\_\_\_

#### **Notes**

1. When basal dimension and apical height do not fit this classification, the largest tumor diameter should be used for classification. In clinical practice, the tumor base may be estimated in optic disc diameters (dd) (average: 1 dd=1.5 mm). The height may be estimated in diopters (average: 3 diopters=1 mm). Techniques such as ultrasonography, visualization, and photography are frequently used to provide more accurate measurements.

# MALIGNANT MELANOMA OF THE UVEA

(continued)

Clinical	Pathologic	Stage Grouping	T	N	M
<input type="checkbox"/>	<input type="checkbox"/>	I	T1	N0	M0
			T1a	N0	M0
			T1b	N0	M0
			T1c	N0	M0
<input type="checkbox"/>	<input type="checkbox"/>	II	T2	N0	M0
			T2a	N0	M0
			T2b	N0	M0
			T2c	N0	M0
<input type="checkbox"/>	<input type="checkbox"/>	III	T3	N0	M0
			T4	N0	M0
<input type="checkbox"/>	<input type="checkbox"/>	IV	Any T	N1	M0
			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

### Histologic Grade (G)

- GX Grade cannot be assessed
- G1 Spindle cell melanoma
- G2 Mixed cell melanoma
- G3 Epithelioid cell melanoma

### Residual Tumor (R)

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

### Venous Invasion (V)

- VX Venous invasion cannot be assessed
- V0 No venous invasion
- V1 Microscopic venous invasion
- V2 Macroscopic venous invasion

Visual Acuity \_\_\_\_\_ (Snellen or equivalent)

### Additional Descriptors

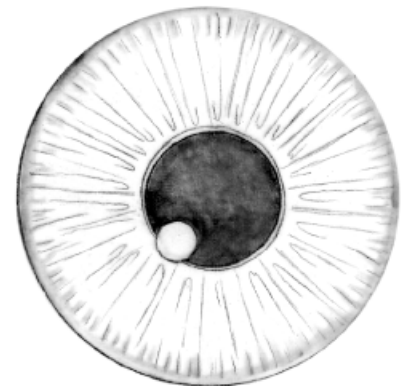
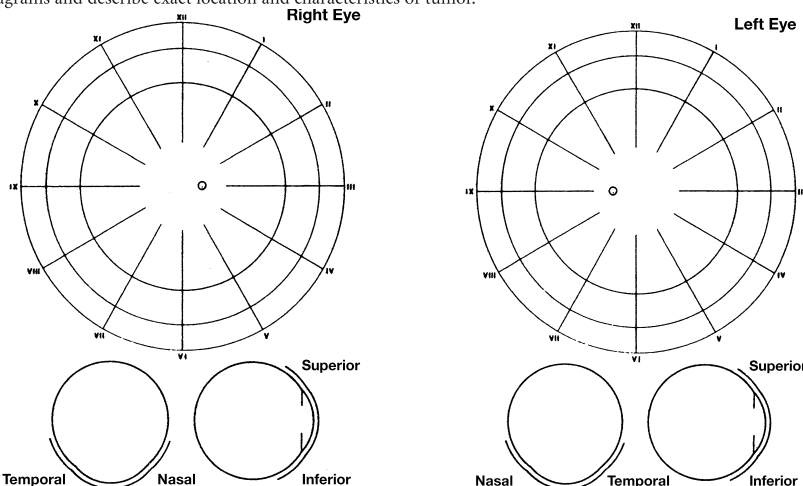
For identification of special cases of TNM or pTNM classifications, the “m” suffix and “y,” “r,” and “a” prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.

- 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 diagrams and describe exact location and characteristics of tumor.



### 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 \_\_\_\_\_