RETINOBLASTOMA

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	**Primary Tumor (T)**	
☐	TX	Primary tumor cannot be assessed
☐	T0	No evidence of primary tumor
☐	T1	Tumor confined to the retina (no vitreous seeding or significant retinal detachment)
☐	T1a	Any eye in which the largest tumor is less than or equal to 3 mm in height **and** no tumor is located closer than 1 DD (1.5 mm) to the optic nerve or fovea
☐	T1b	All other eyes in which the tumor(s) are confined to the retina regardless of location or size (up to half the volume of the eye). **No** vitreous seeding. **No** retinal detachment or subretinal fluid >5 mm from the base of the tumor
☐	T2	Tumor with contiguous spread to adjacent tissues or spaces (vitreous or subretinal space)
☐	T2a	*Minimal tumor spread to vitreous and/or subretinal space.* Fine local or diffuse vitreous seeding and/or serous retinal detachment up to total detachment may be present, but **no** clumps, lumps, snowballs, or avascular masses **are allowed** in the vitreous or subretinal space. Calcium flecks in the vitreous or subretinal space are allowed. The tumor may fill up to 2/3 the volume of the eye.
☐	T2b	*Massive tumor spread to the vitreous and/ or subretinal space.* Vitreous seeding and/or subretinal implantation may consist of lumps, clumps, snowballs, or avascular tumor masses. Retinal detachment may be total. Tumor may fill up to 2/3 the volume of the eye.
☐	T2c	Unsalvageable intraocular disease. Tumor fills more than 2/3 the eye **or** there is no possibility of visual rehabilitation **or** one or more of the following are present: • *Tumor-associated glaucoma, either neovascular or angle closure;* • *Anterior segment extension of tumor;* • *Ciliary body extension of tumor;* • *Hyphema (significant);* • *Massive vitreous hemorrhage;* • *Tumor in contact with lens;* • *Orbital cellulitis-like clinical presentation (massive tumor necrosis)*
☐	T3	Invasion of the optic nerve and/or optic coats
☐	T4	Extraocular Tumor

Pathologic	**Primary Tumor (T)**	
☐	pTX	Primary tumor cannot be assessed
☐	pT0	No evidence of primary tumor
☐	pT1	Tumor confined to the retina, vitreous, or subretinal space. No optic nerve or choroidal invasion
☐	pT2	Minimal invasion of the optic nerve and/or optic coats
☐	pT2a	Tumor invades optic nerve up to, but not through, the level of the lamina cribrosa
☐	pT2b	Tumor invades choroid focally
☐	pT2c	Tumor invades optic nerve up to, but not through, the level of the lamina cribrosa **and** invades the choroid focally
☐	pT3	Significant invasion of the optic nerve and/or optic coats
☐	pT3a	Tumor invades optic nerve through the level of the lamina cribosa but not to the line of resection
☐	pT3b	Tumor massively invades the choroid
☐	pT3c	Tumor invades the optic nerve through the level of the lamina cribosa but not to the line of resection **and** massively invades the choroid
☐	pT4	Extraocular extension which includes: • *Tumor invades optic nerve to the line of resection* • *Tumor invades the orbit through the sclera* • *Tumor extends both anteriorly or posteriorly into the orbit* • *Extension into the brain* • *Extension into the subarachnoidal space of the optic nerve* • *Extension to the apex of the orbit* • *Extension to, but not through, the chiasm, or* • *Extension into the brain beyond the chiasm*

Clinical **Regional Lymph Nodes (N)**

☐	NX	Regional lymph nodes cannot be assessed
☐	N0	No regional lymph node involvement
☐	N1	Regional lymph node involvement (preauricular, submandibular, or cervical)
☐	N2	Distant lymph node involvement

Distant Metastasis (M)

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

Pathologic **Regional Lymph Nodes (N)**

☐	pNX	Regional lymph nodes cannot be assessed
☐	PN0	No regional lymph node metastasis
☐	PN1	Regional lymph node metastasis

Distant Metastasis (M)

☐	pMX	Distant metastasis cannot be assessed
☐	pM0	No distant metastasis
☐	pM1	Distant metastasis
☐	pM1a	Bone marrow
☐	pM1b	Other sites

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

Source of pathologic metastatic specimen _____

Stage Grouping

No applicable stage grouping for pathological or clinical.

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)

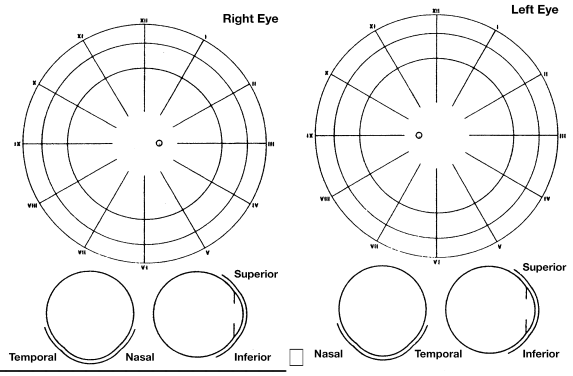
LX Lymphatic vessel invasion cannot be assessed
L0 No lymphatic vessel invasion
L1 Lymphatic vessel invasion

Venous Invasion (V)

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

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: NA

Physician's Signature _____ Date_____