


## CARCINOMA OF THE LACRIMAL GLAND

<b>Hospital Name/Address</b>  <b>Presbyterian Hospital of Dallas</b> Texas Health Resources 8200 Walnut Hill Lane <input type="checkbox"/> Dallas, Texas 75231
---

<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)	
<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 2.5 cm or less in greatest dimension, limited to the lacrimal gland
<input type="checkbox"/>	<input type="checkbox"/>	T2	Tumor more than 2.5 cm but not more than 5 cm in greatest dimension, limited to the lacrimal gland
<input type="checkbox"/>	<input type="checkbox"/>	T3	Tumor invades the periosteum
<input type="checkbox"/>	<input type="checkbox"/>	T3a	Tumor not more than 5 cm invades the periosteum of the lacrimal gland fossa
<input type="checkbox"/>	<input type="checkbox"/>	T3b	Tumor more than 5 cm in greatest dimension with periosteal invasion
<input type="checkbox"/>	<input type="checkbox"/>	T4	Tumor invades the orbital soft tissues, optic nerve, or globe with or without bone invasion; tumor extends beyond the orbit to adjacent structures, including brain <b>Other cranial nerve involvement.</b>

Clinical	Pathologic	Regional Lymph Nodes (N)	
<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	Regional lymph node metastasis

Clinical	Pathologic	Distant Metastasis (M)	
<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 ..... <input type="checkbox"/> Y ..... <input type="checkbox"/> 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: includes adenoid cystic carcinoma without baseloid (solid) pattern
- G3    Poorly differentiated: includes adenoid cystic carcinoma with baseloid (solid) pattern
- G4    Undifferentiated

#### Residual Tumor (R)

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

Notes:

**CLINICAL STAGE:** A complete physical exam and  imaging of the orbit should be performed. CT and/or  MRI can provide critical diagnostic and staging data.

**PATHOLOGIC STAGE:** Complete resection of the  mass is indicated. The specimen should be thoroughly  sampled for evaluation of surgical margins, type of  tumor, and the grade of malignancy. Perineural  spread, most characteristic of adenoid cystic  carcinoma, frequently results in an underestimation of  the true extent of disease

**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.

**Notes**

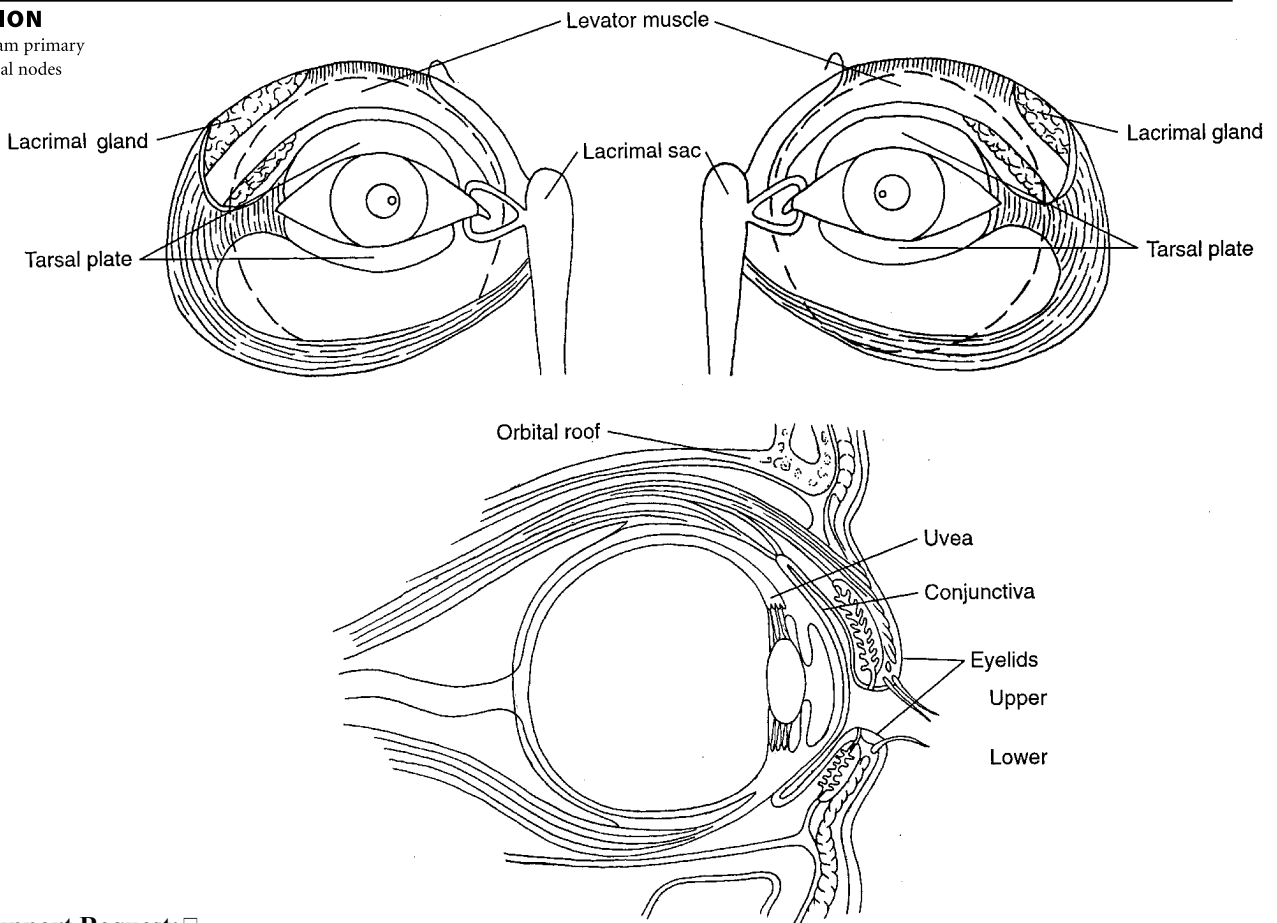
**Additional Descriptors**

- 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

**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 initials \_\_\_\_\_ Date \_\_\_\_\_

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

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