

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 _____

Tumor Size _____

Histopathologic Type _____

Laterality: Bilateral Left Right

DEFINITIONS

<i>Clinical</i>	<i>Pathologic</i>	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"/>	Tis	Carcinoma <i>in situ</i>
<input type="checkbox"/>	<input type="checkbox"/>	T1	Tumor of any size, not invading the tarsal plate or, at the eyelid margin, 5 mm or less in greatest dimension
<input type="checkbox"/>	<input type="checkbox"/>	T2	Tumor invades tarsal plate or, at the eyelid margin, more than 5 mm but not more than 10 mm in greatest dimension
<input type="checkbox"/>	<input type="checkbox"/>	T3	Tumor involves full eyelid thickness or, at the eyelid margin, more than 10 mm in greatest dimension
<input type="checkbox"/>	<input type="checkbox"/>	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)	
<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

		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 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 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.

Notes

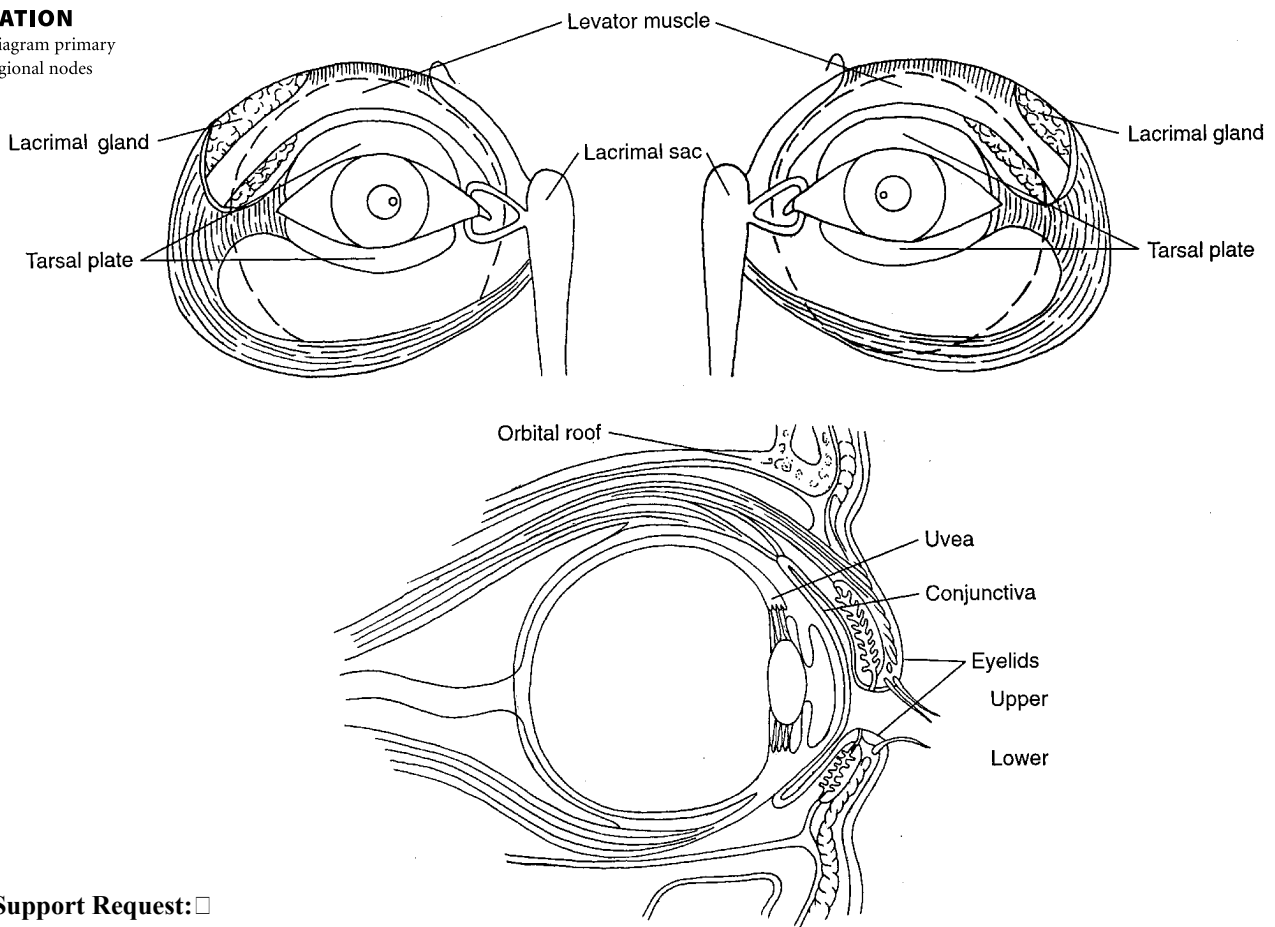
Additional Descriptors

- 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 _____

<input type="checkbox"/> Staging Summary: T _____ N _____ M _____ Stage Group NA

Physician's Signature _____ Date _____
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