


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 _____
Tumor Size _____

Histopathologic Type _____
Laterality: Bilateral Left Right

DEFINITIONS

Clinical	Primary Tumor (T)
<input type="checkbox"/> TX	Primary tumor cannot be assessed
<input type="checkbox"/> T0	No evidence of primary tumor
<input type="checkbox"/> T1	Tumor confined to the retina (no vitreous seeding or significant retinal detachment)
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> T2	Tumor with contiguous spread to adjacent tissues or spaces (vitreous or subretinal space)
<input type="checkbox"/> T2a	<i>Minimal tumor spread to vitreous and/or subretinal space.</i> 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.
<input type="checkbox"/> T2b	<i>Massive tumor spread to the vitreous and/or subretinal space.</i> 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.
<input type="checkbox"/> 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: <ul style="list-style-type: none"> • 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)
<input type="checkbox"/> T3	Invasion of the optic nerve and/or optic coats
<input type="checkbox"/> T4	Extraocular Tumor

Pathologic	Primary Tumor (T)
<input type="checkbox"/> pTX	Primary tumor cannot be assessed
<input type="checkbox"/> pT0	No evidence of primary tumor
<input type="checkbox"/> pT1	Tumor confined to the retina, vitreous, or subretinal space. No optic nerve or choroidal invasion
<input type="checkbox"/> pT2	Minimal invasion of the optic nerve and/or optic coats
<input type="checkbox"/> pT2a	Tumor invades optic nerve up to, but not through, the level of the lamina cribrosa
<input type="checkbox"/> pT2b	Tumor invades choroid focally
<input type="checkbox"/> pT2c	Tumor invades optic nerve up to, but not through, the level of the lamina cribrosa and invades the choroid focally
<input type="checkbox"/> pT3	Significant invasion of the optic nerve and/or optic coats
<input type="checkbox"/> pT3a	Tumor invades optic nerve through the level of the lamina cribrosa but not to the line of resection
<input type="checkbox"/> pT3b	Tumor massively invades the choroid
<input type="checkbox"/> pT3c	Tumor invades the optic nerve through the level of the lamina cribrosa but not to the line of resection and massively invades the choroid
<input type="checkbox"/> pT4	Extraocular extension which includes: <ul style="list-style-type: none"> • 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)
<input type="checkbox"/> NX	Regional lymph nodes cannot be assessed
<input type="checkbox"/> N0	No regional lymph node involvement
<input type="checkbox"/> N1	Regional lymph node involvement (preauricular, submandibular, or cervical)
<input type="checkbox"/> N2	Distant lymph node involvement

	Distant Metastasis (M)
<input type="checkbox"/> MX	Distant metastasis cannot be assessed
<input type="checkbox"/> M0	No distant metastasis
<input type="checkbox"/> M1	Distant metastasis

Pathologic	Regional Lymph Nodes (N)
<input type="checkbox"/> pNX	Regional lymph nodes cannot be assessed
<input type="checkbox"/> PN0	No regional lymph node metastasis
<input type="checkbox"/> PN1	Regional lymph node metastasis

	Distant Metastasis (M)
<input type="checkbox"/> pMX	Distant metastasis cannot be assessed
<input type="checkbox"/> pM0	No distant metastasis
<input type="checkbox"/> pM1	Distant metastasis
<input type="checkbox"/> pM1a	Bone marrow
<input type="checkbox"/> pM1b	Other sites
	Biopsy of metastatic site performed
 <input type="checkbox"/> Y <input type="checkbox"/> 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)

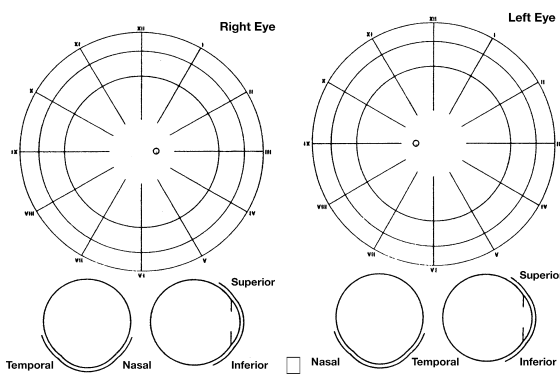
- LX Lymphatic vessel invasion cannot be assessed
- L0 No lymphatic vessel invasion
- L1 Lymphatic vessel invasion

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 _____

<input type="checkbox"/> Staging Summary: T____ N____ M____ Stage Group: NA

Physician's Signature _____ Date _____
