


CARCINOMA OF THE LACRIMAL GLAND

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

Patient Name/Information 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 Other cranial nerve involvement.

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

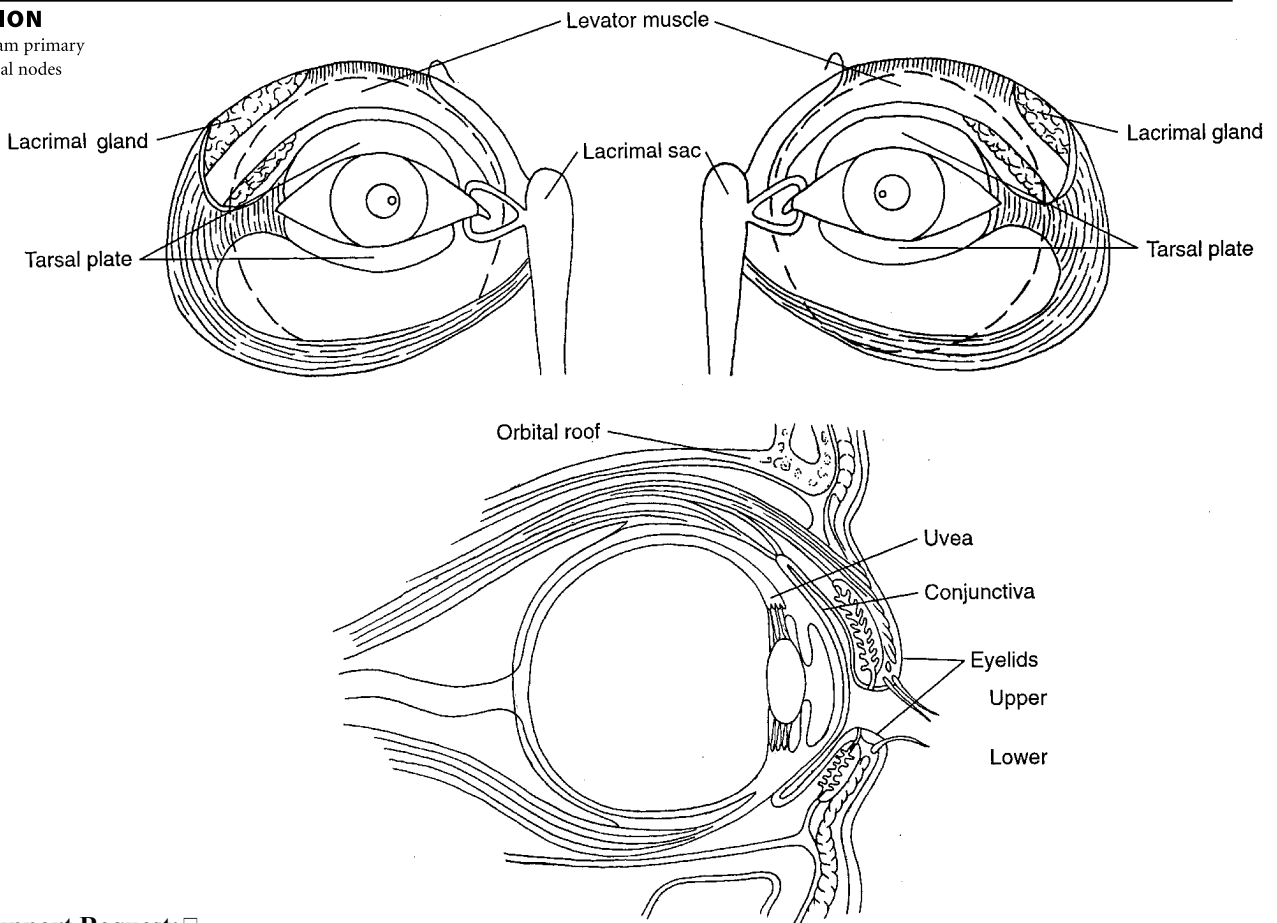
Additional Descriptors

- 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 _____