


**SARCOMA OF THE ORBIT**

**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**

<u>Clinical</u>	<u>Pathologic</u>	<b>Primary Tumor (T)</b>	
<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 15 mm or less in greatest dimension
<input type="checkbox"/>	<input type="checkbox"/>	T2	Tumor more than 15 mm in greatest dimension without invasion of globe or bony wall
<input type="checkbox"/>	<input type="checkbox"/>	T3	Tumor of any size with invasion of orbital tissues and/or bony walls
<input type="checkbox"/>	<input type="checkbox"/>	T4	Tumor invasion of globe or periorbital structure, such as eyelids, temporal fossa, nasal cavity and paranasal sinuses, and/or central nervous system

<u>Clinical</u>	<u>Pathologic</u>	<b>Regional Lymph Nodes (N)</b>	
<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

<u>Clinical</u>	<u>Pathologic</u>	<b>Distant Metastasis (M)</b>	
<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

**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.

**Notes**

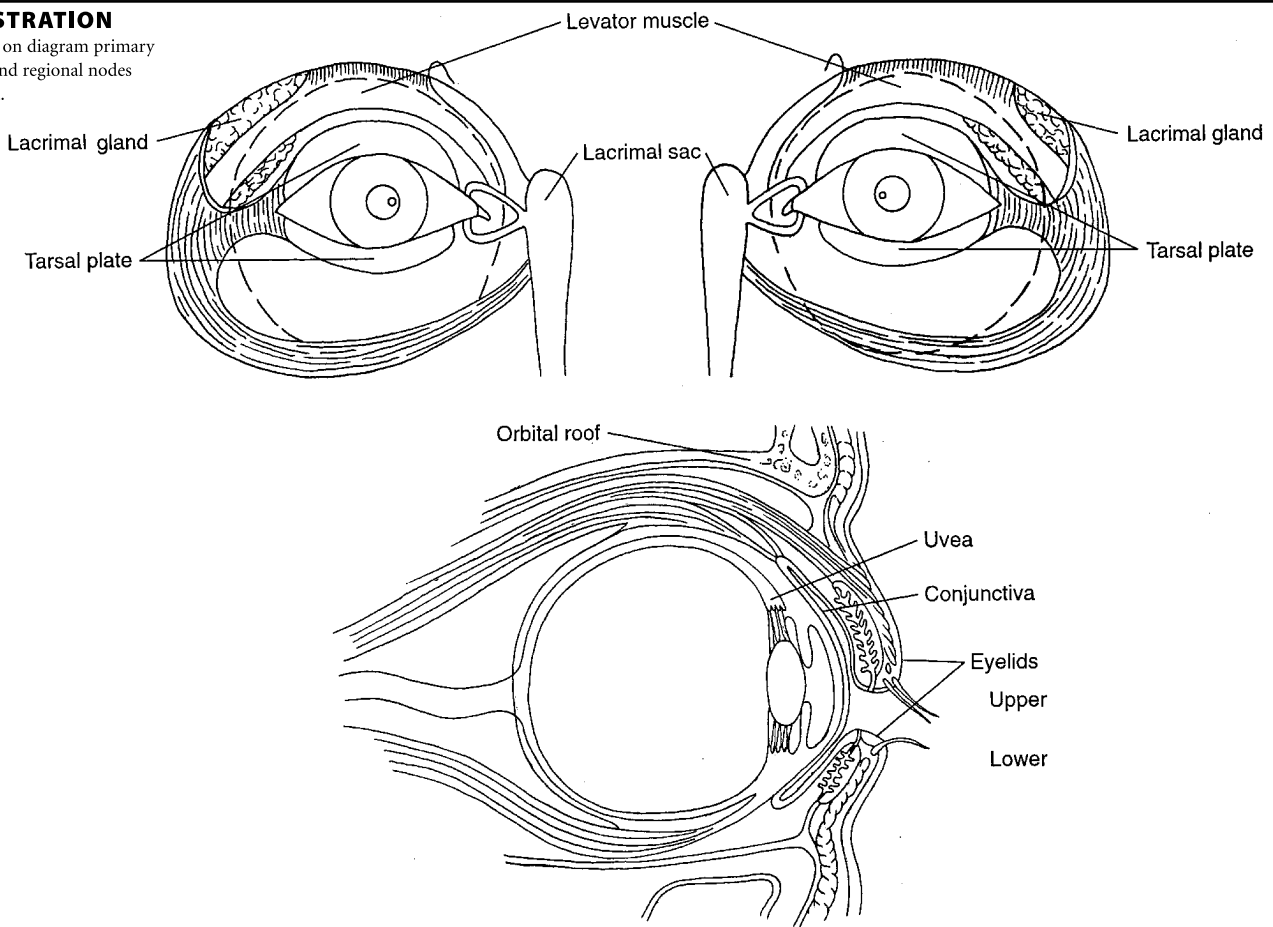
**Additional Descriptors**

- 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 \_\_\_\_\_