

LIP AND ORAL CAVITY

Hospital Name/Address

Patient Name/Information

Type of Specimen _____

Histopathologic Type _____

Tumor Size _____

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"/> | Tis Carcinoma <i>in situ</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | T1 Tumor 2 cm or less in greatest dimension |
| <input type="checkbox"/> | <input type="checkbox"/> | T2 Tumor more than 2 cm but not more than 4 cm in greatest dimension |
| <input type="checkbox"/> | <input type="checkbox"/> | T3 Tumor more than 4 cm in greatest dimension |
| <input type="checkbox"/> | <input type="checkbox"/> | T4 (Lip) Tumor invades through cortical bone, inferior alveolar nerve, floor of mouth, or skin of face, i.e., chin or nose ⁽¹⁾ |
| <input type="checkbox"/> | <input type="checkbox"/> | T4a (Oral Cavity) Tumor invades through cortical bone, into deep [extrinsic] muscle of tongue (genioglossus, hyoglossus, palatoglossus, and styloglossus), maxillary sinus, or skin of face |
| <input type="checkbox"/> | <input type="checkbox"/> | T4b Tumor involves masticator space, pterygoid plates, or skull base and/or encases internal carotid artery |

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 Metastasis in a single ipsilateral lymph node, 3 cm or less in greatest dimension |
| <input type="checkbox"/> | <input type="checkbox"/> | N2 Metastasis in a single ipsilateral lymph node, more than 3 cm but not more than 6 cm in greatest dimension; or in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension; or in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension |
| <input type="checkbox"/> | <input type="checkbox"/> | N2a Metastasis in single ipsilateral lymph node more than 3 cm but not more than 6 cm in greatest dimension |
| <input type="checkbox"/> | <input type="checkbox"/> | N2b Metastasis in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension |
| <input type="checkbox"/> | <input type="checkbox"/> | N2c Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension |
| <input type="checkbox"/> | <input type="checkbox"/> | N3 Metastasis in a lymph node more than 6 cm in greatest dimension |

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

| | | | | | |
|--------------------------|--------------------------|-----|-------|-------|----|
| <input type="checkbox"/> | <input type="checkbox"/> | 0 | Tis | N0 | M0 |
| <input type="checkbox"/> | <input type="checkbox"/> | I | T1 | N0 | M0 |
| <input type="checkbox"/> | <input type="checkbox"/> | II | T2 | N0 | M0 |
| | | III | T3 | N0 | M0 |
| | | | T1 | N1 | M0 |
| | | | T2 | N1 | M0 |
| | | | T3 | N1 | M0 |
| <input type="checkbox"/> | <input type="checkbox"/> | IVA | T4a | N0 | M0 |
| | | | T4a | N1 | M0 |
| | | | T1 | N2 | M0 |
| | | | T2 | N2 | M0 |
| | | | T3 | N2 | M0 |
| | | | T4a | N2 | M0 |
| <input type="checkbox"/> | <input type="checkbox"/> | IVB | Any T | N3 | M0 |
| | | | T4b | Any N | M0 |
| <input type="checkbox"/> | <input type="checkbox"/> | IVC | Any T | Any N | M1 |

Notes

1. Superficial erosion alone of bone/tooth socket by gingival primary is not sufficient to classify as T4.

(continued on reverse side)

Histologic Grade (G)

- ☐ GX Grade cannot be assessed
- ☐ G1 Well differentiated
- ☐ G2 Moderately differentiated
- ☐ G3 Poorly differentiated

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)**

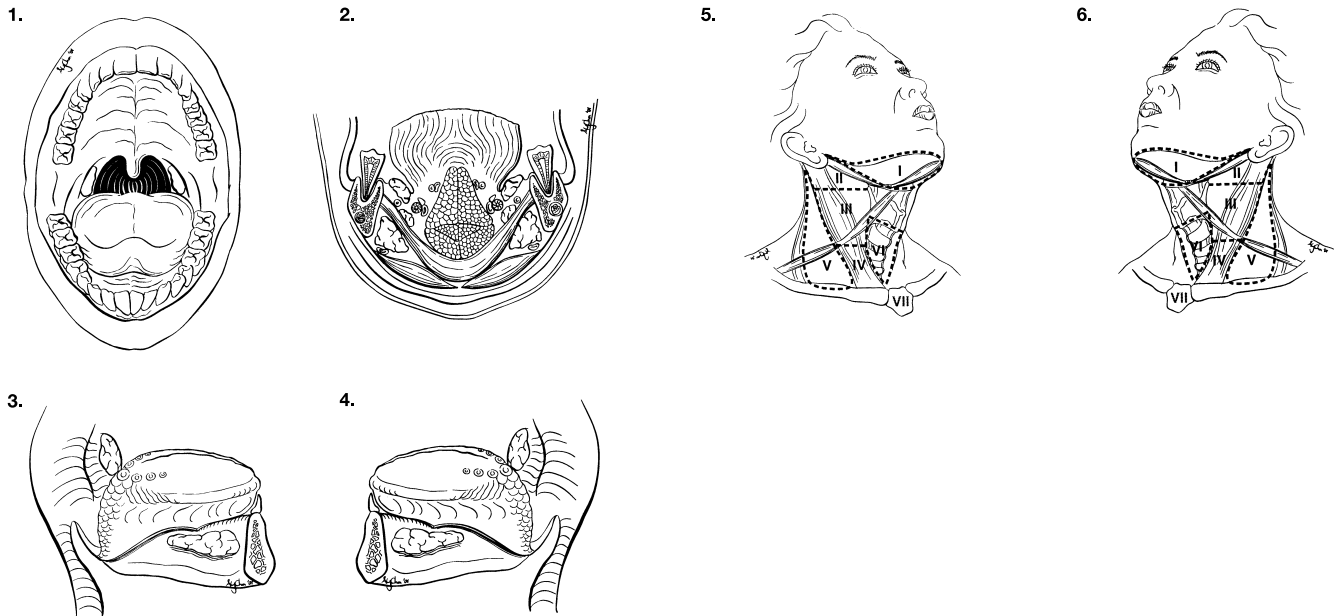
- LX Lymphatic vessel invasion cannot be assessed
- L0 No lymphatic vessel invasion
- L1 Lymphatic vessel invasion

Venous Invasion (V)

- VX Venous invasion cannot be assessed
- V0 No venous invasion
- V1 Microscopic venous invasion
- V2 Macroscopic venous invasion

ILLUSTRATION

Indicate on diagram primary tumor and regional nodes involved.



Physician's Signature _____ Date _____