

LIP AND ORAL CAVITY STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS		PATHOLOGIC <i>Extent of disease during and from surgery</i>
<input type="checkbox"/> y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	TUMOR SIZE: _____	LATERALITY: <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> bilateral	<input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4a <input type="checkbox"/> T4b	<p style="text-align: center;">PRIMARY TUMOR (T)</p> <p>Primary tumor cannot be assessed</p> <p>No evidence of primary tumor</p> <p>Carcinoma <i>in situ</i></p> <p>Tumor 2 cm or less in greatest dimension</p> <p>Tumor more than 2 cm but not more than 4 cm in greatest dimension</p> <p>Tumor more than 4 cm in greatest dimension</p> <p>Moderately advanced local disease.</p> <p>(lip) Tumor invades through cortical bone, inferior alveolar nerve, floor of mouth, or skin of face, i.e., chin or nose</p> <p>(oral cavity) Tumor invades adjacent structures only (e.g., through cortical bone, [mandible or maxilla] into deep [extrinsic] muscle of tongue [genioglossus, hyoglossus, palatoglossus, and styloglossus], maxillary sinus, skin of face)</p> <p>T4b Very advanced local disease.</p> <p>Tumor invades masticator space, pterygoid plates, or skull base and/or encases internal carotid artery</p> <p>Note: Superficial erosion alone of bone/tooth socket by gingival primary is not sufficient to classify a tumor as T4.</p>		<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4a <input type="checkbox"/> T4b
<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N2a <input type="checkbox"/> N2b <input type="checkbox"/> N2c <input type="checkbox"/> N3	<p style="text-align: center;">REGIONAL LYMPH NODES (N)</p> <p>Regional lymph nodes cannot be assessed</p> <p>No regional lymph node metastasis</p> <p>Metastasis in a single ipsilateral lymph node, 3 cm or less in greatest dimension</p> <p>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</p> <p>Metastasis in single ipsilateral lymph node more than 3 cm but not more than 6 cm in greatest dimension</p> <p>Metastasis in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension</p> <p>Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension</p> <p>Metastasis in a lymph node more than 6 cm in greatest dimension</p>		<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N2a <input type="checkbox"/> N2b <input type="checkbox"/> N2c <input type="checkbox"/> N3
<input type="checkbox"/> M0 <input type="checkbox"/> M1	<p style="text-align: center;">DISTANT METASTASIS (M)</p> <p>No distant metastasis (no pathologic M0; use clinical M to complete stage group)</p> <p>Distant metastasis</p>		<input type="checkbox"/> M1

HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION
------------------------------	---------------------------------

(continued on next page)

LIP AND ORAL CAVITY STAGING FORM

ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL				PATHOLOGIC			
GROUP	T	N	M	GROUP	T	N	M
<input type="checkbox"/> 0	Tis	N0	M0	<input type="checkbox"/> 0	Tis	N0	M0
<input type="checkbox"/> I	T1	N0	M0	<input type="checkbox"/> I	T1	N0	M0
<input type="checkbox"/> II	T2	N0	M0	<input type="checkbox"/> II	T2	N0	M0
<input type="checkbox"/> III	T3	N0	M0	<input type="checkbox"/> III	T3	N0	M0
	T1	N1	M0		T1	N1	M0
	T2	N1	M0		T2	N1	M0
	T3	N1	M0		T3	N1	M0
<input type="checkbox"/> IVA	T4a	N0	M0	<input type="checkbox"/> IVA	T4a	N0	M0
	T4a	N1	M0		T4a	N1	M0
	T1	N2	M0		T1	N2	M0
	T2	N2	M0		T2	N2	M0
	T3	N2	M0		T3	N2	M0
	T4a	N2	M0		T4a	N2	M0
<input type="checkbox"/> IVB	Any T	N3	M0	<input type="checkbox"/> IVB	Any T	N3	M0
	T4b	Any N	M0		T4b	Any N	M0
<input type="checkbox"/> IVC	Any T	Any N	M1	<input type="checkbox"/> IVC	Any T	Any N	M1
<input type="checkbox"/> Stage unknown				<input type="checkbox"/> Stage unknown			

PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

REQUIRED FOR STAGING:None

CLINICALLY SIGNIFICANT:

Size of Lymph Nodes: _____

Extracapsular Extension from Lymph Nodes for Head & Neck: _____

Head & Neck Lymph Nodes Levels I-III: _____

Head & Neck Lymph Nodes Levels IV-V: _____

Head & Neck Lymph Nodes Levels VI-VII: _____

Other Lymph Node Group: _____

Clinical Location of cervical nodes: _____

Extracapsular spread (ECS) Clinical: _____

Extracapsular spread (ECS) Pathologic: _____

Human Papillomavirus (HPV) Status: _____

Tumor Thickness: _____

Histologic Grade (G) (also known as overall grade)

Grading system

- ☐ 2 grade system
- ☐ 3 grade system
- ☐ 4 grade system
- ☐ No 2, 3, or 4 grade system is available

Grade

- ☐ Grade I or 1
- ☐ Grade II or 2
- ☐ Grade III or 3
- ☐ Grade IV or 4

General Notes:

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.

HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION

(continued from previous page)

LIP AND ORAL CAVITY STAGING FORM

ADDITIONAL DESCRIPTORS

Lymphatic Vessel Invasion (L) and Venous Invasion (V) have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results.

- ☐ Lymph-Vascular Invasion Not Present (absent)/Not Identified
- ☐ Lymph-Vascular Invasion Present/Identified
- ☐ Not Applicable
- ☐ Unknown/Indeterminate

Residual Tumor (R)

The absence or presence of residual tumor after treatment. In some cases treated with surgery and/or with neoadjuvant therapy there will be residual tumor at the primary site after treatment because of incomplete resection or local and regional disease that extends beyond the limit of ability of resection.

- ☐ RX Presence of residual tumor cannot be assessed
- ☐ R0 No residual tumor
- ☐ R1 Microscopic residual tumor
- ☐ R2 Macroscopic residual tumor

General Notes (continued):

surgical margins is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.

neoadjuvant treatment is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.

☐ Clinical stage was used in treatment planning (describe): _____

☐ National guidelines were used in treatment planning ☐ NCCN ☐ Other (describe): _____

Physician signature

Date/Time

HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION

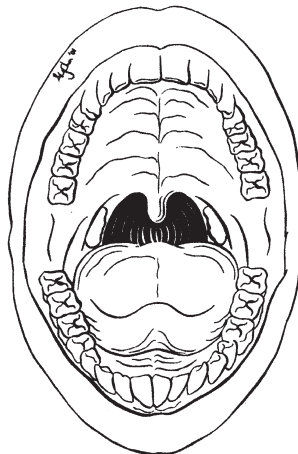
(continued on next page)

LIP AND ORAL CAVITY STAGING FORM

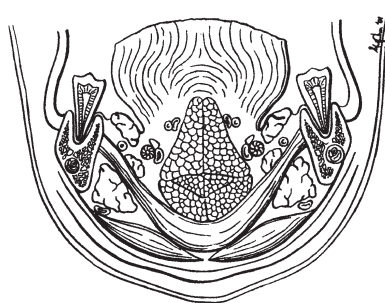
Illustration

Indicate on diagram primary tumor and regional nodes involved.

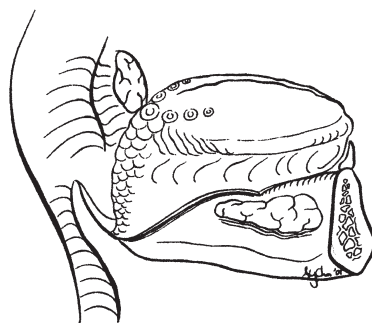
1.



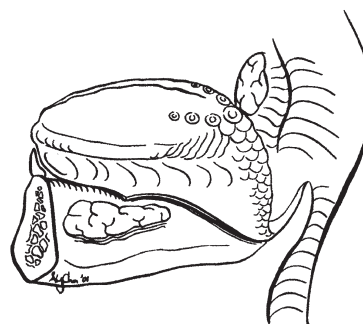
2.



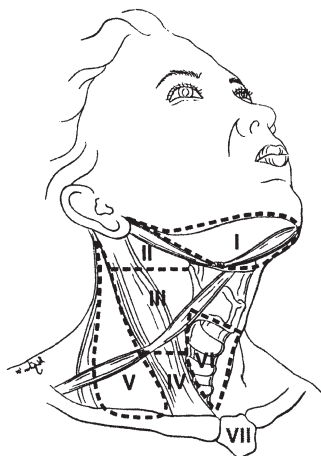
3.



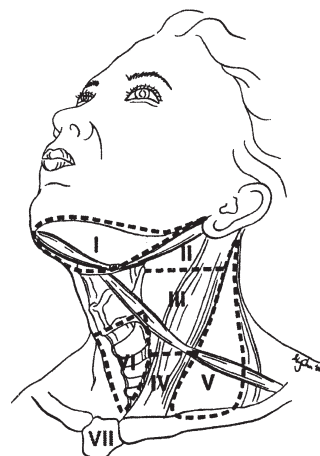
4.



5.



6.



HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION

(continued from previous page)