CLINICAL Extent of disease before any treatment	STAGE CATEGORY DEFINITIONS		PATHOLOGIC  Extent of disease through completion of definitive surgery
y clinical-staging completed after neoadjuvant therapy but before subsequent surgery	Tumor Size:	LATERALITY: ☐ midline ☐ left ☐ right ☐ bilateral	<ul> <li>y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery</li> </ul>
□ TX □ T0 □ Tis □ T1 □ T2 □ T3 □ T4	PRIMARY TUMOR (T)  Primary tumor cannot be assessed  No evidence of primary tumor  Tis Carcinoma in situ  Tumor 2 cm or less in greatest dimension with less than two high risk features**  Tumor greater than 2 cm in greatest dimension or  Tumor any size with two or more high risk features*  Tumor with invasion of maxilla, orbit, or temporal bone  Tumor with invasion of skeleton (axial or appendicular) or perineural invasion of skull base  * Excludes cSCC of the eyelid – See Chapter 48.  **High Risk Features for the Primary Tumor (T) Staging:  Depth/Invasion: >2 mm thickness, Clark level ≥ IV, Perineural invasion  Anatomic Location: Primary site ear, Primary site hair-bearing lip  Differentiation: Poorly differentiated or undifferentiated		□ TX □ T0 □ Tis □ T1 □ T2 □ T3 □ T4
□ NX □ N0 □ N1 □ N2	REGIONAL LYMP Regional lymph nodes cannot be assessed No regional lymph node metastasis Metastasis in a single ipsilateral lymph nod Metastasis in a single ipsilateral lymph nod 6 cm in greatest dimension; or in multip more than 6 cm in greatest dimension; nodes, none more than 6 cm in greatest Metastasis in a single ipsilateral lymph nod	le, 3 cm or less in greatest dimension le, more than 3 cm but not more than ble ipsilateral lymph nodes, none or in bilateral or contralateral lymph st dimension	□ NX □ N0 □ N1 □ N2
□ N2b	6 cm in greatest dimension  Metastasis in multiple ipsilateral lymph noc dimension		□ N2b
□ N2c	Metastasis in bilateral or contralateral lymp greatest dimension	h nodes, none more than 6 cm in	□ N2c
□ N3	Metastasis in a lymph node, more than 6 c	m in greatest dimension	□ N3
□ M0 □ M1	DISTANT META  No distant metastasis (no pathologic M0; use Distant metastasis		□ M1

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Anatomic Stage • Prognostic Groups				
CLINICAL	PATHOLOGIC			
GROUP T N M	GROUP T N M			
□ 0 Tis N0 M0 □ I T1 N0 M0	□ 0 Tis N0 M0 □ I T1 N0 M0			
□ II T2 N0 M0	☐ II T2 N0 M0			
□ III T3 N0 M0	□ III T3 N0 M0			
T1 N1 M0 T2 N1 M0	T1 N1 M0 T2 N1 M0			
T2 N1 M0 T3 N1 M0	T2 N1 M0 T3 N1 M0			
□ IV T1 N2 M0	□ IV T1 N2 M0			
T2 N2 M0	T2 N2 M0			
T3 N2 M0	T3 N2 M0			
T Any N3 M0 T4 N Any M0	T Any N3 M0 T4 N Any M0			
T Any N Any M1	T Any N Any M1			
☐ Stage unknown	☐ Stage unknown			
PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS (SITE-SPECIFIC FACTORS)  REQUIRED FOR STAGING:  Tumor thickness (in mm)  Clark's Level  Presence / absence of perineural invasion  Primary site location on ear or hair - bearing lip	TORS)  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.			
Histologic grade Size of largest lymph node metastasis	m suffix indicates the presence of multiple primary tumors in a single			
CLINICALLY SIGNIFICANT: No additional factors	site and is recorded in parentheses: pT(m)NM.			
Histologic Grade (G) (also known as overall grade) Grading system Grade Grade I or 1 Grade I or 2 Grade system Grade III or 3	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			
☐ No 2, 3, or 4 grade system is available ☐ Grade IV or 4	the time of that examination. The "y" categorization is not an estimate of			
ADDITIONAL DESCRIPTORS  Lymphatic Vessel Invasion (L) and Venous Invasion (V) have been con Invasion (LVI) for collection by cancer registrars. The College of American should be used as the primary source. Other sources may be used in the ais given to positive results.	Pathologists' (CAP) Checklist when staged after a disease-free			
<ul> <li>□ Lymph-Vascular Invasion Not Present (absent)/Not Identified</li> <li>□ Lymph-Vascular Invasion Present/Identified</li> <li>□ Not Applicable</li> <li>□ Unknown/Indeterminate</li> </ul>	a prefix designates the stage determined at autopsy: aTNM.			

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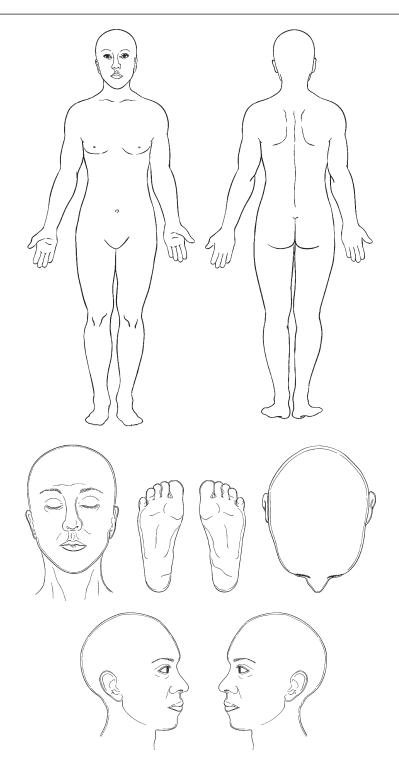
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Residual Tumor (R)  The absence or presence of residual tumor after treatment. In some case with neoadjuvant therapy there will be residual tumor at the primary site a incomplete resection or local and regional disease that extends beyond the RX Presence of residual tumor cannot be assessed  RO No residual tumor  R1 Microscopic residual tumor  R2 Macroscopic residual tumor	fter treatment because of	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/	Fime
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### Illustration

Indicate on diagram primary tumor and regional nodes involved.



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