MERKEL CELL CARCINOMA STAGING FORM

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 bu before subsequent surgery	TUMOR SIZE:	LATERALITY: ☐ midline ☐ left ☐ right ☐ bilateral	y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery	
□ TX □ T0 □ Tis □ T1 □ T2 □ T3 □ T4	Primary tumor cannot be assessed No evidence of primary tumor In situ primary tumor Less than or equal to 2 cm maximum tumor Greater than 2 cm but not more than 5 cm m Over 5 cm maximum tumor dimension Primary tumor invades bone, muscle, fascia	dimension naximum tumor dimension	TX T0 Tis T1 T2 T3 T4	
□ NX □ N0 □ N1 □ N2	REGIONAL LYMPH NODES (N) Regional lymph nodes cannot be assessed No regional lymph node metastasis Nodes negative by clinical exam* (no pathologic node exam performed) Nodes negative by pathologic exam Metastasis in regional lymph node(s) Micrometastasis** Macrometastasis*** In transit metastasis ****		□ NX □ N0 □ cN0 □ pN0 □ N1 □ N1a □ N1b □ N2	
	*Clinical detection of nodal disease may be via inspection, palpation and/or imaging **Micrometastases are diagnosed after sentinel or elective lymphadenectomy ***Macrometastases are defined as clinically detectable nodal metastases confirmed by therapeutic lymphadenectomy or needle biopsy ****In transit metastasis: a tumor distinct from the primary lesion and located either 1) between the primary lesion and the draining regional lymph nodes or 2) distal to the primary lesion			
☐ M0 ☐ M1 ☐ M1a ☐ M1b ☐ M1c	DISTANT METASTASIS (M) No distant metastasis (no pathologic M0; use clinical M to complete stage group) Metastasis beyond regional lymph nodes Metastasis to skin, subcutaneous tissues or distant lymph nodes Metastasis to lung Metastasis to all other visceral sites		☐ M1 ☐ M1a ☐ M1b ☐ M1c	
ANATOMIC STAGE • PROGNOSTIC GROUPS				
GROUP T □ 0 Tis □ IB T1 □ IIB T2/T3	CLINICAL N M NO MO NO MO NO MO	GROUP T N □ 0 Tis N0 □ IA T1 pN0 □ IB T1 cN0 □ IIA T2/T3 pN0 □ IIB T2/T3 cN0 □ IIB T2/T3 cN0	M M0 M0 M0 M0 M0	
☐ IIC T4 ☐ IIIB Any T ☐ IV Any T ☐ Stage unknown	N0 M0 N1b/N2 M0 Any N M1	□ IIC T4 N0 □ IIIA Any T N1a □ IIIB Any T N1b/N2 □ IV Any T Any N □ Stage unknown	M0 M0 2 M0 M1	
HOSPITAL NAME/ADDR	ESS	PATIENT NAME/INFORMATION		

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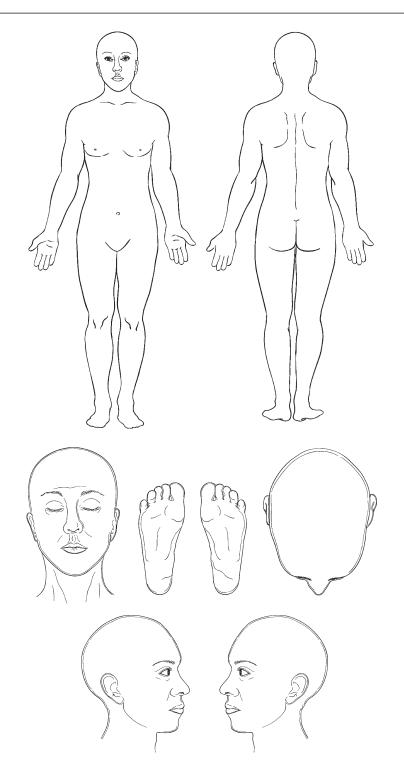
PROGNOSTIC FACTORS (SITE-SPECIFIC FA REQUIRED FOR STAGING: None CLINICALLY SIGNIFICANT: Measured Thickness (Depth) Tumor Base Transection Status Profound Immune Suppression Tumor Infiltrating Lymphocytes in the Primary Tumor (TIL) Growth Pattern of Primary Tumor Size of tumor nests in regional lymph nodes Clinical Status of Regional Lymph Nodes Regional Lymph Nodes Pathological Extracapsular Extension Isolated Tumor Cells in Regional Lymph Node(s)	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. General Notes (continued):			
Histologic Grade (G) (also known as overall grade) Histologic grade is not used in the staging of Merkel cell carcinoma. 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		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. 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		
HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION			

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Illustration

Indicate on diagram primary tumor and regional nodes involved.



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