

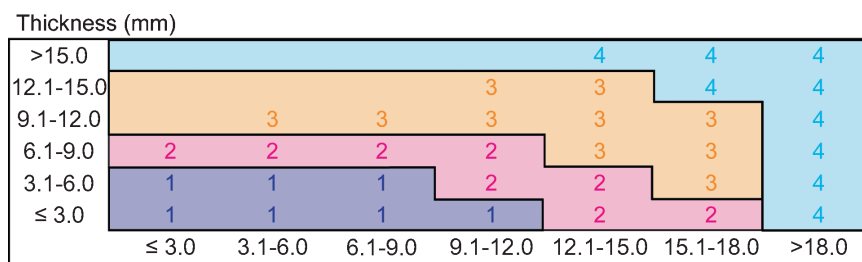
# MALIGNANT MELANOMA OF THE UVEA STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS	PATHOLOGIC <i>Extent of disease through completion of definitive surgery</i>
<input type="checkbox"/> y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	<b>TUMOR SIZE:</b> _____  <b>LATERALITY:</b> <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
<b>PRIMARY TUMOR (T)</b>		
<b>All Uveal Melanomas</b> Primary tumor cannot be assessed No evidence of primary tumor		
<input type="checkbox"/> TX <input type="checkbox"/> T0		<input type="checkbox"/> TX <input type="checkbox"/> T0
<b>Iris*</b> Tumor limited to the iris Tumor limited to the iris not more than 3 clock hours in size Tumor limited to the iris more than 3 clock hours in size Tumor limited to the iris with secondary glaucoma Tumor confluent with or extending into the ciliary body, choroid or both Tumor confluent with or extending into the ciliary body, choroid or both, with secondary glaucoma Tumor confluent with or extending into the ciliary body, choroid or both, with scleral extension Tumor confluent with or extending into the ciliary body, choroid or both, with scleral extension and secondary glaucoma Tumor with extrascleral extension Tumor with extrascleral extension less than or equal to 5 mm in diameter Tumor with extrascleral extension more than 5 mm in diameter		
<input type="checkbox"/> T1 <input type="checkbox"/> T1a <input type="checkbox"/> T1b <input type="checkbox"/> T1c <input type="checkbox"/> T2 <input type="checkbox"/> T2a  <input type="checkbox"/> T3 <input type="checkbox"/> T3a  <input type="checkbox"/> T4 <input type="checkbox"/> T4a <input type="checkbox"/> T4b		<input type="checkbox"/> T1 <input type="checkbox"/> T1a <input type="checkbox"/> T1b <input type="checkbox"/> T1c <input type="checkbox"/> T2 <input type="checkbox"/> T2a  <input type="checkbox"/> T3 <input type="checkbox"/> T3a  <input type="checkbox"/> T4 <input type="checkbox"/> T4a <input type="checkbox"/> T4b
* Iris melanomas originate from, and are predominantly located in, this region of the uvea. If less than half of the tumor volume is located within the iris, the tumor may have originated in the ciliary body and consideration should be given to classifying it accordingly.		
<b>Ciliary Body and Choroid (see Figure on p. 550)</b> Primary ciliary body and choroidal melanomas are classified according to the four tumor size categories below:		
<input type="checkbox"/> T1 <input type="checkbox"/> T1a  <input type="checkbox"/> T1b <input type="checkbox"/> T1c  <input type="checkbox"/> T1d  <input type="checkbox"/> T2 <input type="checkbox"/> T2a  <input type="checkbox"/> T2b <input type="checkbox"/> T2c  <input type="checkbox"/> T2d  <input type="checkbox"/> T3 <input type="checkbox"/> T3a	Tumor size category 1 Tumor size category 1 without ciliary body involvement and extraocular extension Tumor size category 1 with ciliary body involvement Tumor size category 1 without ciliary body involvement but with extraocular extension less than or equal to 5 mm in diameter Tumor size category 1 with ciliary body involvement and extraocular extension less than or equal to 5 mm in diameter Tumor size category 2 Tumor size category 2 without ciliary body involvement and extraocular extension Tumor size category 2 with ciliary body involvement Tumor size category 2 without ciliary body involvement but with extraocular extension less than or equal to 5 mm in diameter Tumor size category 2 with ciliary body involvement and extraocular extension less than or equal to 5 mm in diameter Tumor size category 3 Tumor size category 3 without ciliary body involvement and extraocular extension	<input type="checkbox"/> T1 <input type="checkbox"/> T1a  <input type="checkbox"/> T1b <input type="checkbox"/> T1c  <input type="checkbox"/> T1d  <input type="checkbox"/> T2 <input type="checkbox"/> T2a  <input type="checkbox"/> T2b <input type="checkbox"/> T2c  <input type="checkbox"/> T2d  <input type="checkbox"/> T3 <input type="checkbox"/> T3a
<b>HOSPITAL NAME/ADDRESS</b>		<b>PATIENT NAME/INFORMATION</b>

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<input type="checkbox"/> T3b <input type="checkbox"/> T3c <input type="checkbox"/> T3d <input type="checkbox"/> T4 <input type="checkbox"/> T4a <input type="checkbox"/> T4b <input type="checkbox"/> T4c <input type="checkbox"/> T4d <input type="checkbox"/> T4e	<p>Tumor size category 3 with ciliary body involvement</p> <p>Tumor size category 3 without ciliary body involvement but with extraocular extension less than or equal to 5 mm in diameter</p> <p>Tumor size category 3 with ciliary body involvement and extraocular extension less than or equal to 5 mm in diameter</p> <p>Tumor size category 4</p> <p>Tumor size category 4 without ciliary body involvement and extraocular extension</p> <p>Tumor size category 4 with ciliary body involvement</p> <p>Tumor size category 4 without ciliary body involvement but with extraocular extension less than or equal to 5 mm in diameter</p> <p>Tumor size category 4 with ciliary body involvement and extraocular extension less than or equal to 5 mm in diameter</p> <p>Any tumor size category with extraocular extension more than 5 mm in diameter</p> <p><b>*Clinical:</b> In clinical practice, the largest tumor basal diameter may be estimated in optic disc diameters (dd, average: 1 dd = 1.5 mm). Tumor thickness may be estimated in diopters (average: 2.5 diopters = 1 mm). However, techniques such as ultrasonography and fundus photography are used to provide more accurate measurements. Ciliary body involvement can be evaluated by the slit-lamp, ophthalmoscopy, gonioscopy and transillumination. However, high frequency ultrasonography (ultrasound biomicroscopy) is used for more accurate assessment. Extension through the sclera is evaluated visually before and during surgery, and with ultrasonography, computed tomography or magnetic resonance imaging.</p> <p><b>†Pathologic:</b> When histopathologic measurements are recorded after fixation, tumor diameter and thickness may be underestimated because of tissue shrinkage.</p>	<input type="checkbox"/> T3b <input type="checkbox"/> T3c <input type="checkbox"/> T3d <input type="checkbox"/> T4 <input type="checkbox"/> T4a <input type="checkbox"/> T4b <input type="checkbox"/> T4c <input type="checkbox"/> T4d <input type="checkbox"/> T4e
<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1	<p align="center"><b>REGIONAL LYMPH NODES (N)</b></p> <p>Regional lymph nodes cannot be assessed</p> <p>No regional lymph node metastasis</p> <p>Regional lymph node metastasis</p>	<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1
<input type="checkbox"/> M0 <input type="checkbox"/> M1 <input type="checkbox"/> M1a <input type="checkbox"/> M1b <input type="checkbox"/> M1c	<p align="center"><b>DISTANT METASTASIS (M)</b></p> <p>No distant metastasis (no pathologic M0; use clinical M to complete stage group)</p> <p>Distant metastasis</p> <p>Largest diameter of the largest metastasis ≤3 cm</p> <p>Largest diameter of the largest metastasis 3.1-8.0 cm</p> <p>Largest diameter of the largest metastasis ≥8 cm</p>	<input type="checkbox"/> M1 <input type="checkbox"/> M1a <input type="checkbox"/> M1b <input type="checkbox"/> M1c



Largest basal diameter (mm)

Classification for ciliary body and choroid uveal melanoma based on thickness and diameter.

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# MALIGNANT MELANOMA OF THE UVEA STAGING FORM

## ANATOMIC STAGE • PROGNOSTIC GROUPING

CLINICAL				PATHOLOGIC			
GROUP	T	N	M	GROUP	T	N	M
<input type="checkbox"/> I	T1a	N0	M0	<input type="checkbox"/> I	T1a	N0	M0
<input type="checkbox"/> IIA	T1b-d	N0	M0	<input type="checkbox"/> IIA	T1b-d	N0	M0
	T2a	N0	M0		T2a	N0	M0
<input type="checkbox"/> IIB	T2b	N0	M0	<input type="checkbox"/> IIB	T2b	N0	M0
	T3a	N0	M0		T3a	N0	M0
<input type="checkbox"/> IIIA	T2c-d	N0	M0	<input type="checkbox"/> IIIA	T2c-d	N0	M0
	T3b-c	N0	M0		T3b-c	N0	M0
	T4a	N0	M0		T4a	N0	M0
<input type="checkbox"/> IIIB	T3d	N0	M0	<input type="checkbox"/> IIIB	T3d	N0	M0
	T4b-c	N0	M0		T4b-c	N0	M0
<input type="checkbox"/> IIIC	T4d-e	N0	M0	<input type="checkbox"/> IIIC	T4d-e	N0	M0
<input type="checkbox"/> IV	Any T	N1	M0	<input type="checkbox"/> IV	Any T	N1	M0
	Any T	Any N	M1a-c		Any T	Any N	M1a-c
<input type="checkbox"/> Stage unknown				<input type="checkbox"/> Stage unknown			

### PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

**REQUIRED FOR STAGING:** Tumor height and largest diameter

#### CLINICALLY SIGNIFICANT:

Measured thickness (depth) \_\_\_\_\_  
 Chromosomal alterations \_\_\_\_\_  
 Gene expression profile \_\_\_\_\_  
 Positron emission tomography/computed tomography \_\_\_\_\_  
 Confocal indocyanine green angiography \_\_\_\_\_  
 Mitotic count per 40 high power fields (HPF) \_\_\_\_\_  
 Mean diameter of the ten largest nucleoli (MLN) \_\_\_\_\_  
 Presence of extravascular matrix patterns \_\_\_\_\_  
 Microvascular density (MVD) \_\_\_\_\_  
 Insulin-like growth factor 1 receptor (IGF1-R) \_\_\_\_\_  
 Tumor-infiltrating lymphocytes \_\_\_\_\_  
 Tumor-infiltrating macrophages \_\_\_\_\_  
 HLA Class I expression \_\_\_\_\_

**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.

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### 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

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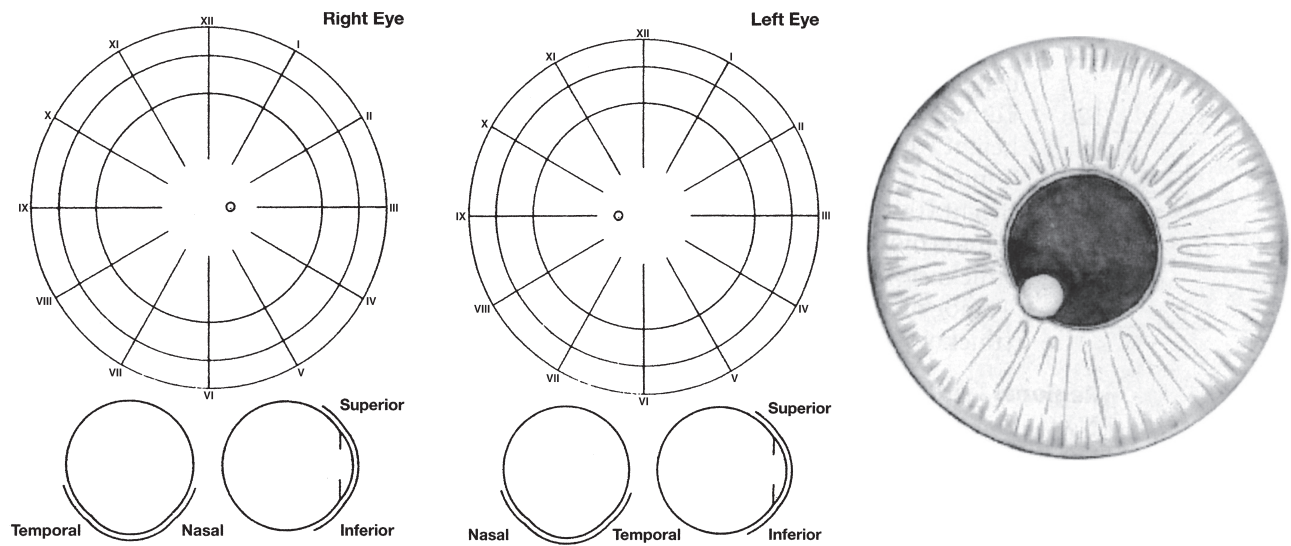
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Illustration

Indicate on diagram primary tumor and regional nodes involved.



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