

OCULAR ADNEXAL LYMPHOMA 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	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"/> T1 <input type="checkbox"/> T1a <input type="checkbox"/> T1b <input type="checkbox"/> T1c <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"/> T4 <input type="checkbox"/> T4a <input type="checkbox"/> T4b <input type="checkbox"/> T4c <input type="checkbox"/> T4d	PRIMARY TUMOR (T) Lymphoma extent not specified No evidence of lymphoma Lymphoma involving the conjunctiva alone without orbital involvement Bulbar conjunctiva only Palpebral conjunctiva +/- fornix +/- caruncle Extensive conjunctival involvement Lymphoma with orbital involvement +/- any conjunctival involvement Anterior orbital involvement (+/- conjunctival involvement) Anterior orbital involvement (+/- conjunctival involvement + lacrimal involvement) Posterior orbital involvement (+/- conjunctival involvement +/- anterior involvement and +/- any extraocular muscle involvement) Nasolacrimal drainage system involvement (+/- conjunctival involvement but not including nasopharynx) Lymphoma with pre-septal eyelid involvement (defined above) +/- orbital involvement +/- any conjunctival involvement Orbital adnexal lymphoma extending beyond orbit to adjacent structures such as bone and brain Involvement of nasopharynx Osseous involvement (including periosteum) Involvement of maxillofacial, ethmoidal and/or frontal sinuses Intracranial spread	<input type="checkbox"/> TX <input type="checkbox"/> T0 <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"/> T2b <input type="checkbox"/> T2c <input type="checkbox"/> T2d <input type="checkbox"/> T3 <input type="checkbox"/> T4 <input type="checkbox"/> T4a <input type="checkbox"/> T4b <input type="checkbox"/> T4c <input type="checkbox"/> T4d
<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N3 <input type="checkbox"/> N4	REGIONAL LYMPH NODES (N) Regional lymph nodes cannot be assessed No evidence of lymph node involvement Involvement of ipsilateral regional lymph nodes* Involvement of contra lateral or bilateral regional lymph nodes * Involvement of peripheral lymph nodes not draining ocular adnexal region Involvement of central lymph nodes * The regional lymph nodes included preauricular (parotid), submandibular, and cervical	<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N3 <input type="checkbox"/> N4
<input type="checkbox"/> M0 <input type="checkbox"/> M1a <input type="checkbox"/> M1b <input type="checkbox"/> M1c	DISTANT METASTASIS (M) No evidence of involvement of other extranodal sites (no pathologic M0; use clinical M to complete stage group) Noncontiguous involvement of tissues or organs external to the ocular adnexa (e.g., parotid glands, submandibular gland, lung, liver, spleen, kidney, breast, etc.) Lymphomatous involvement of the bone marrow Both M1a and M1b involvement	<input type="checkbox"/> M1a <input type="checkbox"/> M1b <input type="checkbox"/> M1c
ANATOMIC STAGE • PROGNOSTIC GROUPS		
CLINICAL No stage grouping is presently recommended.	PATHOLOGIC No stage grouping is presently recommended.	

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

(continued on next page)

OCULAR ADNEXAL LYMPHOMA STAGING FORM

PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

REQUIRED FOR STAGING: None

CLINICALLY SIGNIFICANT:

- Tumor cell growth fraction (Ki-67, MIB-1) _____
- Serum lactate dehydrogenase (LDH) at diagnosis _____
- History of rheumatoid arthritis _____
- History of Sjögren's syndrome _____
- History of connective tissue disease _____
- History of recurrent dry eye syndrome (sicca syndrome) _____
- Any evidence of a viral infection (e.g. Hepatitis C or HIV) _____
- Any evidence of a bacterial infection (e.g. *Helicobacter pylori*) _____
- Any evidence of an infection caused by other micro-organisms (e.g. *Chlamydia psittaci*) _____

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

Grading system

Grade

- | | |
|---|--|
| <input type="checkbox"/> 2 grade system
<input type="checkbox"/> 3 grade system
<input type="checkbox"/> 4 grade system
<input type="checkbox"/> No 2, 3, or 4 grade system is available | <input type="checkbox"/> Grade I or 1
<input type="checkbox"/> Grade II or 2
<input type="checkbox"/> Grade III or 3
<input type="checkbox"/> Grade IV or 4 |
|---|--|

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:

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.

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

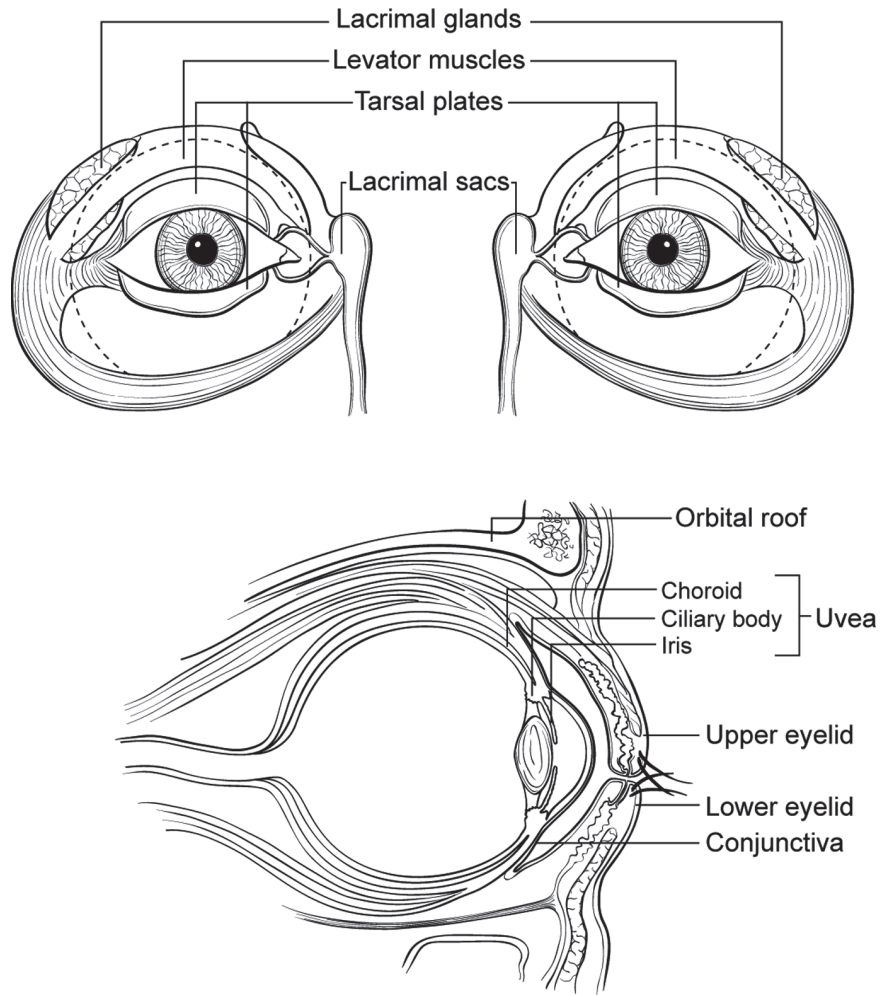
PATIENT NAME/INFORMATION

(continued from previous page)

OCULAR ADNEXAL LYMPHOMA STAGING FORM

Illustration

Indicate on diagram primary tumor and regional nodes involved.



HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION