



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
PRIMARY TUMOR (T)			
<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis	TX Primary tumor cannot be assessed T0 No evidence of primary tumor Tis Carcinoma <i>in situ</i>		<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis
Nasopharynx			
<input type="checkbox"/> T1	Tumor confined to the nasopharynx, or extends to oropharynx and/or nasal cavity without parapharyngeal extension*		<input type="checkbox"/> T1
<input type="checkbox"/> T2	Tumor with parapharyngeal extension*		<input type="checkbox"/> T2
<input type="checkbox"/> T3	Tumor involves bony structures of skull base and/or paranasal sinuses		<input type="checkbox"/> T3
<input type="checkbox"/> T4	Tumor with intracranial extension and/or involvement of involvement of cranial nerves, hypopharynx, orbit, or with extension to the infratemporal fossa/ masticator space		<input type="checkbox"/> T4
* Parapharyngeal extension denotes posterolateral infiltration of tumor.			
Oropharynx			
<input type="checkbox"/> T1	Tumor 2 cm or less in greatest dimension		<input type="checkbox"/> T1
<input type="checkbox"/> T2	Tumor more than 2 cm but not more than 4 cm in greatest dimension		<input type="checkbox"/> T2
<input type="checkbox"/> T3	Tumor more than 4 cm in greatest dimension or extension to lingual surface of epiglottis		<input type="checkbox"/> T3
<input type="checkbox"/> T4a	Moderately advanced local disease. Tumor invades the larynx, extrinsic muscle of tongue, medial pterygoid, hard palate, or mandible*		<input type="checkbox"/> T4a
<input type="checkbox"/> T4b	Very advanced local disease. Tumor invades lateral pterygoid muscle, pterygoid plates, lateral nasopharynx, or skull base or encases carotid artery		<input type="checkbox"/> T4b
* Mucosal extension to lingual surface of epiglottis from primary tumors of the base of the tongue and vallecula does not constitute invasion of larynx.			
Hypopharynx			
<input type="checkbox"/> T1	Tumor limited to one subsite of hypopharynx and/or 2 cm or less in greatest dimension		<input type="checkbox"/> T1
<input type="checkbox"/> T2	Tumor invades more than one subsite of hypopharynx or an adjacent site, or measures more than 2 cm but not more than 4 cm in greatest dimension without fixation of hemilarynx		<input type="checkbox"/> T2
<input type="checkbox"/> T3	Tumor more than 4 cm in greatest dimension or with fixation of hemilarynx or extension to esophagus		<input type="checkbox"/> T3
<input type="checkbox"/> T4a	Moderately advanced local disease. Tumor invades thyroid/cricoid cartilage, hyoid bone, thyroid gland, or central compartment soft tissue*		<input type="checkbox"/> T4a
<input type="checkbox"/> T4b	Very advanced local disease. Tumor invades prevertebral fascia, encases carotid artery, or involves mediastinal structures		<input type="checkbox"/> T4b
* Central compartment soft tissue includes prelaryngeal strap muscles and subcutaneous fat.			

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REGIONAL LYMPH NODES (N)		
<p>Nasopharynx The distribution and the prognostic impact of regional lymph node spread from nasopharynx cancer, particularly of the undifferentiated type, are different from those of other head and neck mucosal cancers and justify the use of a different N classification scheme.</p>		
<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N3 <input type="checkbox"/> N3a <input type="checkbox"/> N3b	<p>Regional lymph nodes cannot be assessed</p> <p>No regional lymph node metastasis</p> <p>Unilateral metastasis in lymph node(s), 6 cm or less in greatest dimension, above the supraclavicular fossa, and/or unilateral or bilateral, retropharyngeal lymph nodes, 6 cm or less, in greatest dimension*</p> <p>Bilateral metastasis in lymph node(s), 6 cm or less in greatest dimension, above the supraclavicular fossa*</p> <p>Metastasis in a lymph node(s)* >6 cm and/or extension to supraclavicular fossa</p> <p>Greater than 6 cm in dimension</p> <p>Extension to the supraclavicular fossa**</p> <p>* Midline nodes are considered ipsilateral nodes. **Supraclavicular zone or fossa is relevant to the staging of nasopharyngeal carcinoma and is the triangular region originally described by Ho. It is defined by three points: (1) the superior margin of the sternal end of the clavicle, (2) the superior margin of the lateral end of the clavicle, (3) the point where the neck meets the shoulder (see Fig. 4.2). Note that this would include caudal portions of Levels IV and VB. All cases with lymph nodes (whole or part) in the fossa are considered N3b.</p>	<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N3 <input type="checkbox"/> N3a <input type="checkbox"/> N3b
<p>Oropharynx and Hypopharynx</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	<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 a 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> <p>* Metastases at Level VII are considered regional lymph node metastases.</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
<p style="text-align: center;">DISTANT METASTASIS (M)</p>		
<input type="checkbox"/> M0 <input type="checkbox"/> M1	<p>No distant metastasis (no pathologic M0; use clinical M to complete stage group)</p> <p>Distant metastasis</p>	<input type="checkbox"/> M1

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ANATOMIC STAGE • PROGNOSTIC GROUPS - NASOPHARYNX

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	T1	N1	M0	<input type="checkbox"/> II	T1	N1	M0
	T2	N0	M0		T2	N0	M0
	T2	N1	M0		T2	N1	M0
<input type="checkbox"/> III	T1	N2	M0	<input type="checkbox"/> III	T1	N2	M0
	T2	N2	M0		T2	N2	M0
	T3	N0	M0		T3	N0	M0
	T3	N1	M0		T3	N1	M0
<input type="checkbox"/> IVA	T3	N2	M0	<input type="checkbox"/> IVA	T3	N2	M0
	T4	N0	M0		T4	N0	M0
	T4	N1	M0		T4	N1	M0
<input type="checkbox"/> IVB	T4	N2	M0	<input type="checkbox"/> IVB	T4	N2	M0
	Any T	N3	M0		Any T	N3	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			

ANATOMIC STAGE • PROGNOSTIC GROUPS - OROPHARYNX, HYPOPHARYNX

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
<input type="checkbox"/> IVA	T3	N1	M0	<input type="checkbox"/> IVA	T3	N1	M0
	T4a	N0	M0		T4a	N0	M0
	T4a	N1	M0		T4a	N1	M0
	T1	N2	M0		T1	N2	M0
<input type="checkbox"/> IVB	T2	N2	M0	<input type="checkbox"/> IVB	T2	N2	M0
	T3	N2	M0		T3	N2	M0
	T4a	N2	M0		T4a	N2	M0
<input type="checkbox"/> IVC	T4b	Any N	M0	<input type="checkbox"/> IVC	T4b	Any N	M0
	Any T	N3	M0		Any T	N3	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			

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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: _____

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.

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

Grading system

Grade

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

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

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

Physician signature

Date/Time

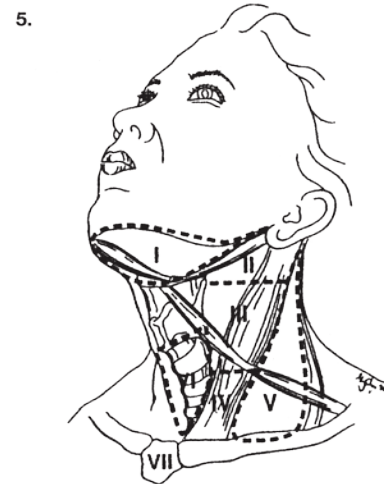
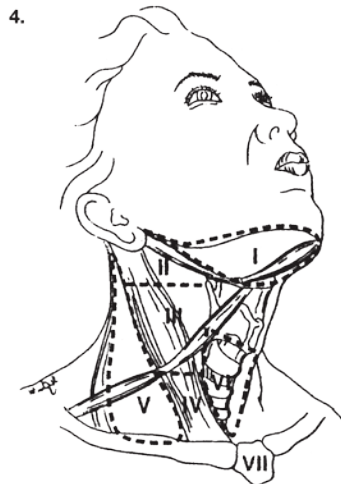
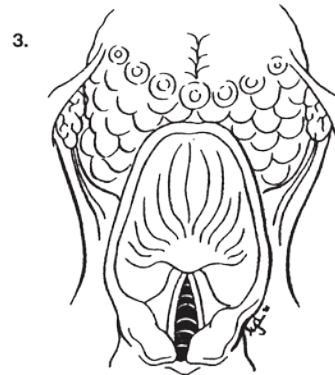
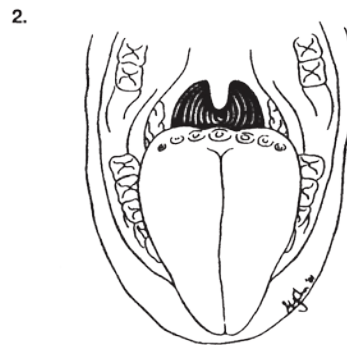
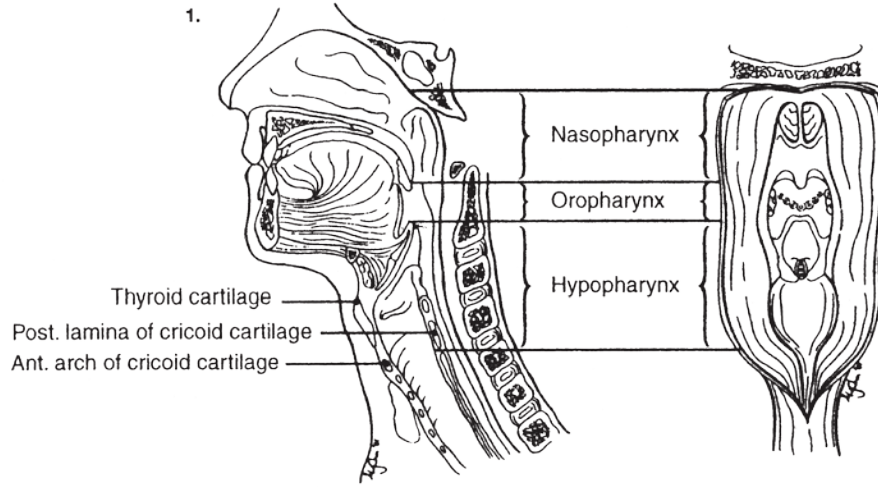
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ILLUSTRATION

Indicate on diagram primary tumor and regional nodes involved.



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