CUTANEOUS SQUAMOUS CELL/OTHER CUTANEOUS 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 but before subsequent surgery	**TUMOR SIZE:** _____	**LATERALITY:** ☐ midline ☐ left ☐ right ☐ bilateral	❒ y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
	PRIMARY TUMOR (T)*		
❑ TX	Primary tumor cannot be assessed		❑ TX
❑ T0	No evidence of primary tumor		❑ T0
❑ Tis	Tis Carcinoma *in situ*		❑ Tis
❑ T1	Tumor 2 cm or less in greatest dimension with less than two high risk features**		❑ T1
❑ T2	Tumor greater than 2 cm in greatest dimension *or* Tumor any size with two or more high risk features**		❑ T2
❑ T3	Tumor with invasion of maxilla, orbit, or temporal bone		❑ T3
❑ T4	Tumor with invasion of skeleton (axial or appendicular) or perineural invasion of skull base		❑ T4
	* 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		
	REGIONAL LYMPH NODES (N)		
❑ NX	Regional lymph nodes cannot be assessed		❑ NX
❑ N0	No regional lymph node metastasis		❑ N0
❑ N1	Metastasis in a single ipsilateral lymph node, 3 cm or less in greatest dimension		❑ N1
❑ N2	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		❑ N2
❑ N2a	Metastasis in a single ipsilateral lymph node, more than 3 cm but not more than 6 cm in greatest dimension		❑ N2a
❑ N2b	Metastasis in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension		❑ N2b
❑ N2c	Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension		❑ N2c
❑ N3	Metastasis in a lymph node, more than 6 cm in greatest dimension		❑ N3
	DISTANT METASTASIS (M)		
❑ M0	No distant metastasis (no pathologic M0; use clinical M to complete stage group)		
❑ M1	Distant metastasis		❑ M1

HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION

(continued on next page)

CUTANEOUS SQUAMOUS CELL/OTHER CUTANEOUS CARCINOMA STAGING FORM

ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL

GROUP	T	N	M
❑ 0	Tis	N0	M0
❑ I	T1	N0	M0
❑ II	T2	N0	M0
❑ III	T3	N0	M0
	T1	N1	M0
	T2	N1	M0
	T3	N1	M0
❑ IV	T1	N2	M0
	T2	N2	M0
	T3	N2	M0
	T Any	N3	M0
	T4	N Any	M0
	T Any	N Any	M1

❑ Stage unknown

PATHOLOGIC

GROUP	T	N	M
❑ 0	Tis	N0	M0
❑ I	T1	N0	M0
❑ II	T2	N0	M0
❑ III	T3	N0	M0
	T1	N1	M0
	T2	N1	M0
	T3	N1	M0
❑ IV	T1	N2	M0
	T2	N2	M0
	T3	N2	M0
	T Any	N3	M0
	T4	N Any	M0
	T Any	N Any	M1

❑ Stage unknown

PROGNOSTIC 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 _____
Histologic grade _____
Size of largest lymph node metastasis _____

CLINICALLY SIGNIFICANT: No additional factors

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

Grading system	***Grade***
❑ 2 grade system	❑ Grade I or 1
❑ 3 grade system	❑ Grade II or 2
❑ 4 grade system	❑ Grade III or 3
❑ No 2, 3, or 4 grade system is available	❑ 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

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.

HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION

(continued from previous page)

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): _____

_____

_____

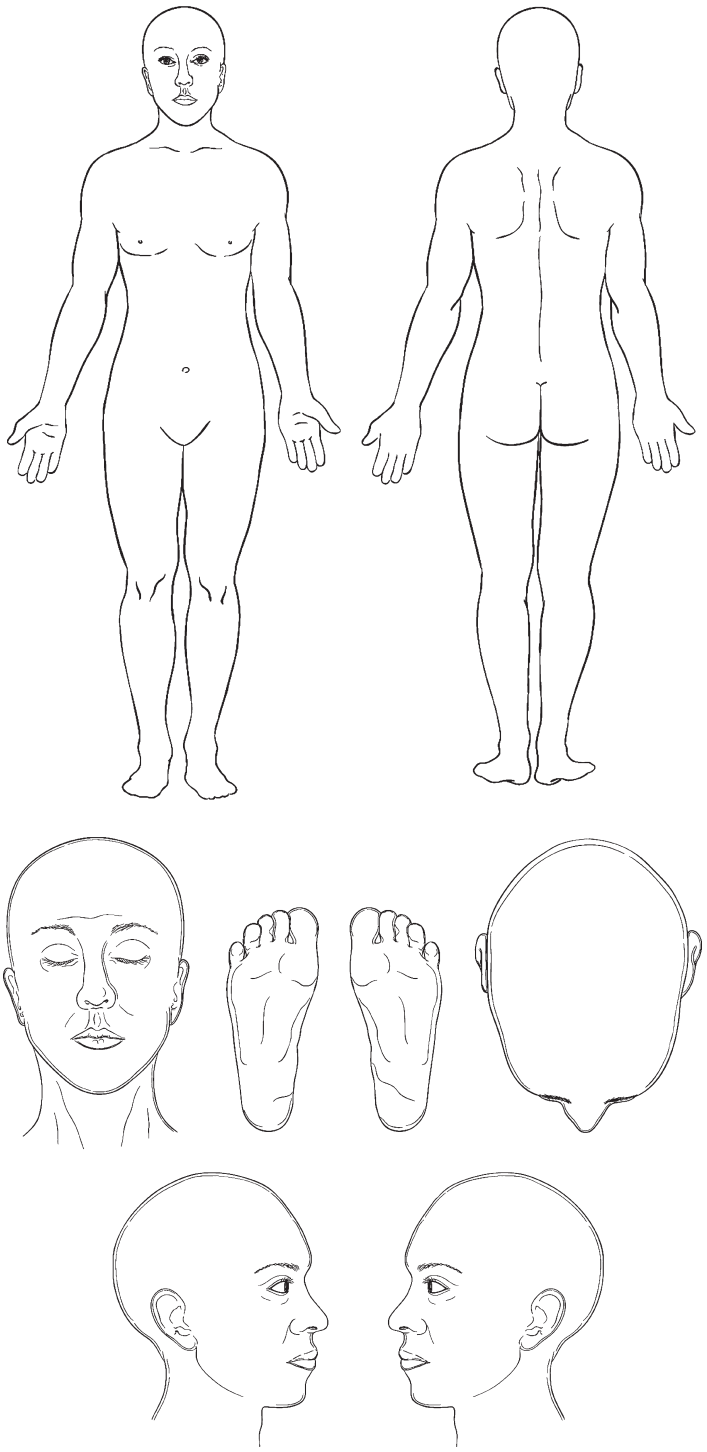
Physician signature Date/Time

HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION

(continued on next page)

Illustration

Indicate on diagram primary tumor and regional nodes involved.



HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION

(continued from previous page)