

MAJOR SALIVARY GLANDS 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>
☐ y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	TUMOR SIZE: _____ LATERALITY: ☐ left ☐ right ☐ bilateral	☐ y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
☐ TX ☐ T0 ☐ T1 ☐ T2 ☐ T3 ☐ T4a ☐ T4b	PRIMARY TUMOR (T) Primary tumor cannot be assessed No evidence of primary tumor Tumor 2 cm or less in greatest dimension without extraparenchymal extension* Tumor more than 2 cm but not more than 4 cm in greatest dimension without extraparenchymal extension* Tumor more than 4 cm and/or tumor having extraparenchymal extension* Moderately advanced disease Tumor invades skin, mandible, ear canal, and/or facial nerve Very advanced disease Tumor invades skull base and/or pterygoid plates and/or encases carotid artery <i>*Note: Extraparenchymal extension is clinical or macroscopic evidence of invasion of soft tissues. Microscopic evidence alone does not constitute extraparenchymal extension for classification purposes.</i>	☐ TX ☐ T0 ☐ T1 ☐ T2 ☐ T3 ☐ T4a ☐ T4b
☐ NX ☐ N0 ☐ N1 ☐ N2 ☐ N2a ☐ N2b ☐ N2c ☐ N3	REGIONAL LYMPH NODES (N) Regional lymph nodes cannot be assessed No regional lymph node metastasis Metastasis in a single ipsilateral lymph node, 3 cm or less in greatest dimension 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 Metastasis in a single ipsilateral lymph node, more than 3 cm but not more than 6 cm in greatest dimension Metastasis in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension Metastasis in a lymph node, more than 6 cm in greatest dimension	☐ NX ☐ N0 ☐ N1 ☐ N2 ☐ N2a ☐ N2b ☐ N2c ☐ N3
☐ M0 ☐ M1	DISTANT METASTASIS (M) No distant metastasis (no pathologic M0; use clinical M to complete stage group) Distant metastasis	☐ M1

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ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL				PATHOLOGIC			
GROUP	T	N	M	GROUP	T	N	M
☐ I	T1	N0	M0	☐ I	T1	N0	M0
☐ II	T2	N0	M0	☐ II	T2	N0	M0
☐ III	T3	N0	M0	☐ III	T3	N0	M0
	T1	N1	M0		T1	N1	M0
	T2	N1	M0		T2	N1	M0
	T3	N1	M0		T3	N1	M0
☐ IVA	T4a	N0	M0	☐ IVA	T4a	N0	M0
	T4a	N1	M0		T4a	N1	M0
	T1	N2	M0		T1	N2	M0
	T2	N2	M0		T2	N2	M0
	T3	N2	M0		T3	N2	M0
	T4a	N2	M0		T4a	N2	M0
☐ IVB	T4b	Any N	M0	☐ IVB	T4b	Any N	M0
	Any T	N3	M0		Any T	N3	M0
☐ IVC	Any T	Any N	M1	☐ IVC	Any T	Any N	M1
☐ Stage unknown				☐ Stage unknown			

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 Nodes Group _____
 Clinical Location of cervical nodes _____
 Extracapsular spread (ECS) Clinical _____
 Extracapsular spread (ECS) Pathologic _____

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.

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

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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 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

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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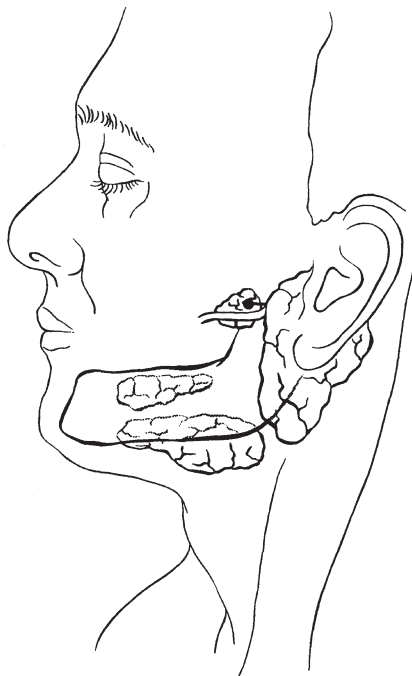
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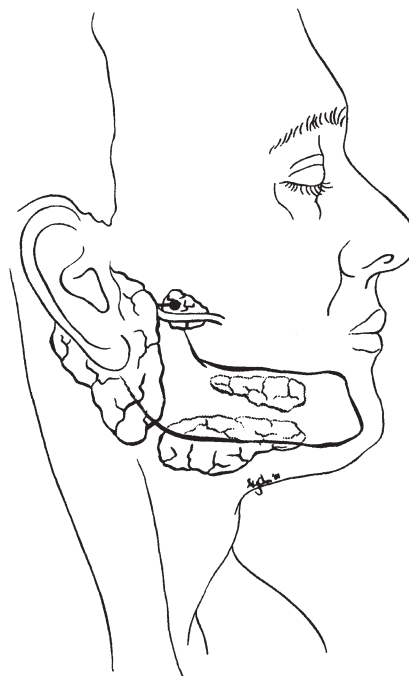
Illustration

Indicate on diagram primary tumor and regional nodes involved.

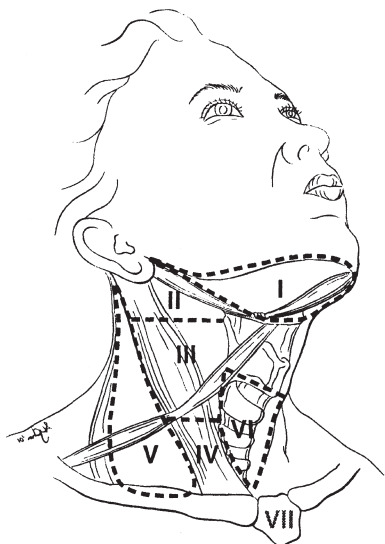
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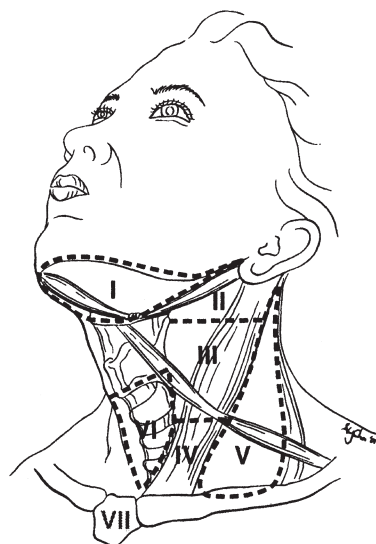
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3.



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