

MELANOMA OF THE SKIN 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"/> midline <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"/> Tis <input type="checkbox"/> T1 <input type="checkbox"/> T1a <input type="checkbox"/> T1b <input type="checkbox"/> T2 <input type="checkbox"/> T2a <input type="checkbox"/> T2b <input type="checkbox"/> T3 <input type="checkbox"/> T3a <input type="checkbox"/> T3b <input type="checkbox"/> T4 <input type="checkbox"/> T4a <input type="checkbox"/> T4b	<p style="text-align: center;">PRIMARY TUMOR (T)</p> Primary tumor cannot be assessed No evidence of primary tumor Melanoma <i>in situ</i> Melanomas ≤ 1.0 mm in thickness without ulceration and mitosis $< 1/\text{mm}^2$ with ulceration or mitoses $\geq 1/\text{mm}^2$ Melanomas 1.01 – 2.0 mm without ulceration with ulceration Melanomas 2.01-4.0 mm without ulceration with ulceration Melanomas > 4.0 mm without ulceration with ulceration	<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1 <input type="checkbox"/> T1a <input type="checkbox"/> T1b <input type="checkbox"/> T2 <input type="checkbox"/> T2a <input type="checkbox"/> T2b <input type="checkbox"/> T3 <input type="checkbox"/> T3a <input type="checkbox"/> T3b <input type="checkbox"/> T4 <input type="checkbox"/> T4a <input type="checkbox"/> T4b
<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2c <input type="checkbox"/> N3	<p style="text-align: center;">REGIONAL LYMPH NODES (N)</p> Regional lymph nodes cannot be assessed No regional lymph node metastasis 1 node micrometastasis* macrometastasis** 2-3 nodes micrometastasis* macrometastasis** in transit met(s)/satellite(s) <i>without</i> metastatic nodes Clinical: ≥ 1 node with in transit met(s)/ satellite(s); pathologic: 4 or more metastatic nodes, or matted nodes, or in transit met(s)/ satellite(s) <i>with</i> metastatic node(s) *Micrometastases are diagnosed after sentinel lymph node biopsy and completion lymphadenectomy (if performed). **Macrometastases are defined as clinically detectable nodal metastases confirmed by therapeutic lymphadenectomy or when nodal metastasis exhibits gross extracapsular extension.	<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N1a <input type="checkbox"/> N1b <input type="checkbox"/> N2 <input type="checkbox"/> N2a <input type="checkbox"/> N2b <input type="checkbox"/> N2c <input type="checkbox"/> N3
<input type="checkbox"/> M0 <input type="checkbox"/> M1a <input type="checkbox"/> M1b <input type="checkbox"/> M1c	<p style="text-align: center;">DISTANT METASTASIS (M)</p> No distant metastasis (no pathologic M0; use clinical M to complete stage group) Metastases to skin, subcutaneous tissues, or distant lymph nodes Metastases to lung Metastases to all other visceral sites or distant metastases to any site combined with an elevated serum LDH	<input type="checkbox"/> M1a <input type="checkbox"/> M1b <input type="checkbox"/> M1c

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ANATOMIC STAGE • PROGNOSTIC GROUPS

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"/> IA	T1a	N0	M0	<input type="checkbox"/> IA	T1a	N0	M0
<input type="checkbox"/> IB	T1b	N0	M0	<input type="checkbox"/> IB	T1b	N0	M0
	T2a	N0	M0			T2a	N0
<input type="checkbox"/> IIA	T2b	N0	M0	<input type="checkbox"/> IIA	T2b	N0	M0
	T3a	N0	M0			T3a	N0
<input type="checkbox"/> IIB	T3b	N0	M0	<input type="checkbox"/> IIB	T3b	N0	M0
	T4a	N0	M0			T4a	N0
<input type="checkbox"/> IIC	T4b	N0	M0	<input type="checkbox"/> IIC	T4b	N0	M0
<input type="checkbox"/> III	Any T	Any N >N0	M0	<input type="checkbox"/> IIIA	T1 – 4a	N1a	M0
<input type="checkbox"/> IV	Any T	Any N	M1	<input type="checkbox"/> IIIB	T1 – 4a	N2a	M0
					T1 – 4b	N1a	M0
					T1 – 4b	N2a	M0
					T1 – 4a	N1b	M0
					T1 – 4a	N2b	M0
					T1 – 4a	N2c	M0
					T1 – 4b	N1b	M0
<input type="checkbox"/> IIIC	T1 – 4b	N2b	M0				
	T1 – 4b	N2c	M0				
	Any T	N3	M0				
	Any T	Any N	M1				

* Clinical staging includes microstaging of the primary melanoma and clinical/radiologic evaluation for metastases. By convention, it should be used after complete excision of the primary melanoma with clinical assessment for regional and distant metastases.

+ Pathologic staging includes microstaging of the primary melanoma and pathologic information about the regional lymph nodes after partial or complete lymphadenectomy. Pathologic Stage 0 or Stage IA patients are the exception; they do not require pathologic evaluation of their lymph nodes.

Stage unknown

Stage unknown

PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)	General Notes:
<p>REQUIRED FOR STAGING: None</p> <p>CLINICALLY SIGNIFICANT:</p> <p>Measured thickness (depth) _____</p> <p>Ulceration _____</p> <p>Serum lactate dehydrogenase (LDH) _____</p> <p>Mitotic rate _____</p> <p>Tumor infiltrating lymphocytes (TIL) _____</p> <p>Level of invasion _____</p> <p>Vertical growth plate _____</p> <p>Regression _____</p>	<p>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.</p> <p>m suffix indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.</p> <p>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.</p>
<p>Histologic Grade (G) (also known as overall grade)</p> <p>Histologic grading is not used in the staging of Melanoma.</p>	

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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):

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

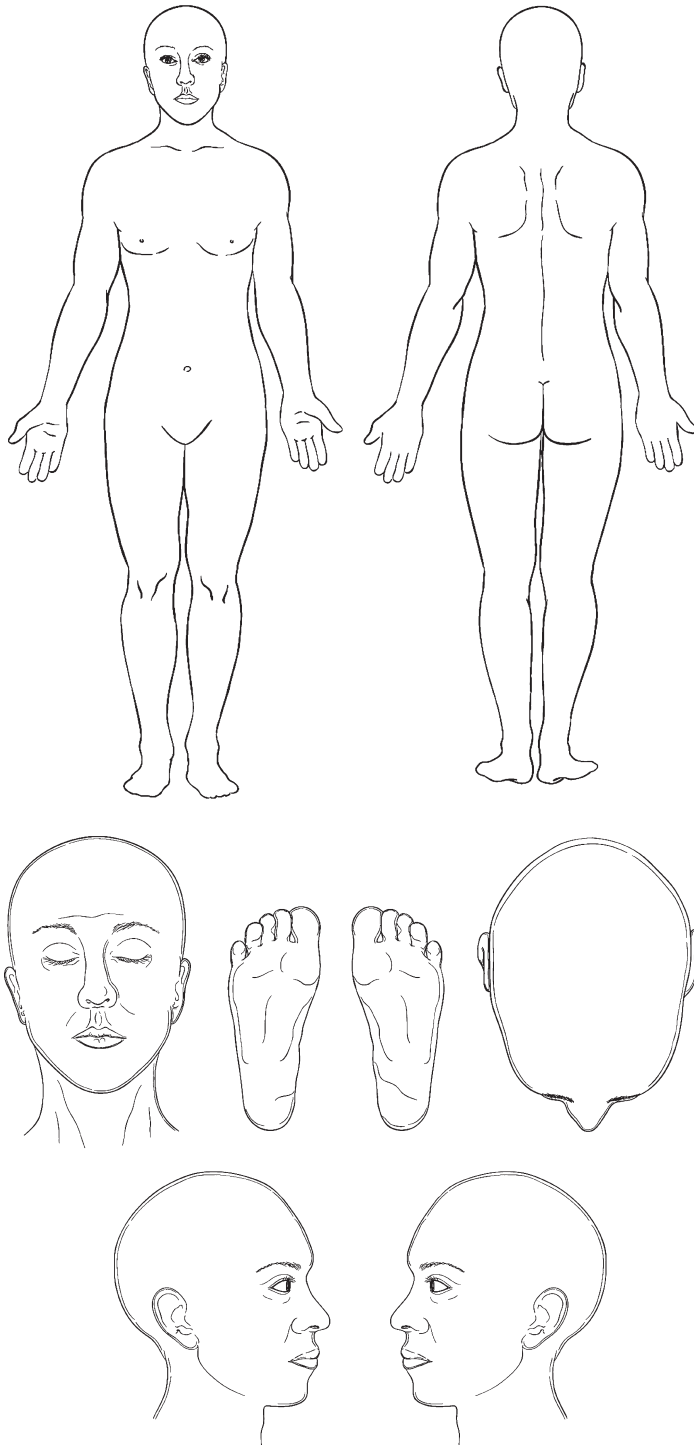
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Illustration

Indicate on diagram primary tumor and regional nodes involved.



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