### Carcinoma of the Eyelid Staging Form

#### Clinical Extent of Disease Before Any Treatment

<table>
<thead>
<tr>
<th>Tumor Size</th>
<th>Laterality:</th>
<th>Pathologic Extent of Disease Through Completion of Definitive Surgery</th>
</tr>
</thead>
</table>

- **Tumor Size:**
  - **TX:** Primary tumor cannot be assessed
  - **T0:** No evidence of primary tumor
  - **Tis:** Carcinoma *in situ*
  - **T1:** Tumor 5 mm or less in greatest dimension.
    - Not invading the tarsal plate or eyelid margin.
  - **T2a:** Tumor more than 5 mm, but not more than 10 mm in greatest dimension.
    - Or, any tumor that invades the tarsal plate or eyelid margin.
  - **T2b:** Tumor more than 10 mm, but not more than 20 mm in greatest dimension.
    - Or, involves full thickness eyelid.
  - **T3a:** Tumor more than 20 mm in greatest dimension.
    - Or, any tumor that invades adjacent ocular, or orbital structures.
    - Any T with perineural tumor invasion.
  - **T3b:** Tumor complete resection requires enucleation, exenteration or bone resection.
  - **T4:** Tumor is not resectable due to extensive invasion of ocular, orbital, craniofacial structures or brain.

- **Laterality:**
  - **left**
  - **right**
  - **bilateral**

- **Pathologic Stage:**
  - **TX:** Primary tumor cannot be assessed
  - **T0:** No evidence of primary tumor
  - **Tis:** Carcinoma *in situ*
  - **T1:** Tumor 5 mm or less in greatest dimension.
    - Not invading the tarsal plate or eyelid margin.
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    - Any T with perineural tumor invasion.
  - **T3b:** Tumor complete resection requires enucleation, exenteration or bone resection.
  - **T4:** Tumor is not resectable due to extensive invasion of ocular, orbital, craniofacial structures or brain.

#### Regional Lymph Nodes (N)

- **NX:** Regional lymph nodes cannot be assessed.
- **N0:** No regional lymph node metastasis, based upon clinical evaluation or imaging.
- **N1:** Regional lymph node metastasis.

#### Distant Metastasis (M)

- **M0:** No distant metastasis (no pathologic M0; use clinical M to complete stage group)
- **M1:** Distant metastasis

#### Anatomic Stage • Prognostic Groups

<table>
<thead>
<tr>
<th>GROUP</th>
<th>T</th>
<th>N</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Tis</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>I A</td>
<td>T1</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>I B</td>
<td>T2a</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>I C</td>
<td>T2b</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>II</td>
<td>T3a</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>III A</td>
<td>T3b</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>III B</td>
<td>Any T</td>
<td>N1</td>
<td>M0</td>
</tr>
<tr>
<td>III C</td>
<td>T4</td>
<td>Any N</td>
<td>M0</td>
</tr>
<tr>
<td>IV</td>
<td>Any T</td>
<td>Any N</td>
<td>M1</td>
</tr>
<tr>
<td>Stage unknown</td>
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<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Hospital Name/Address</th>
<th>Patient Name/Information</th>
</tr>
</thead>
</table>

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# Carcinoma of the Eyelid

## Staging Form

### Prognostic Factors (Site-Specific Factors)

**Required for Staging:** Grade

**Clinically Significant:**
- Sentinel Lymph Node Biopsy (SLNB) results: 
- Regional nodes identified on clinical or radiographic examination: 
- Perineural invasion: 
- Tumor necrosis: 
- Pagetoid spread: 
- More than 3 Mohs micrographic surgical layers required: 
- Immunosuppression – patient has HIV: 
- Immunosuppression – history of solid organ transplant or leukemia: 
- Prior radiation to the tumor field: 
- Excluding skin cancer, patient has history of two or more carcinomas: 
- Patient has Muir-Torre syndrome: 
- Patient has xeroderma pigmentosa: 

For Eyelid Cutaneous Squamous Cell Carcinoma only (see cSCC, Chapter 29):

**Required for Staging:** Tumor thickness (in mm): 

- Clark’s Level: 
- Presence / absence of perineural invasion: 
- Primary site location on ear or non-glabrous lip: 
- Histologic grade: 
- Size of largest lymph node metastasis: 

### 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.

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

<table>
<thead>
<tr>
<th>Grading system</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 grade system</td>
<td>Grade I or 1</td>
</tr>
<tr>
<td>3 grade system</td>
<td>Grade II or 2</td>
</tr>
<tr>
<td>4 grade system</td>
<td>Grade III or 3</td>
</tr>
<tr>
<td>No 2, 3, or 4 grade system available</td>
<td>Grade IV or 4</td>
</tr>
</tbody>
</table>

### 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

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CARCINOMA OF THE EYELID STAGING FORM

☐ 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)

American Joint Committee on Cancer • 2010  48-3
Illustration
Indicate on diagram primary tumor and regional nodes involved.