Data Form for Cancer Staging
LACRIMAL GLAND STAGING FORM

CARCINOMA OF THE LACRIMAL GLAND STAGING FORM

<table>
<thead>
<tr>
<th>Clinical Extent of Disease before any treatment</th>
<th>Stage Category Definitions</th>
<th>Pathologic Extent of disease through completion of definitive surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tumor size: □ Left □ Right □ Bilateral</td>
<td></td>
<td>□ y clinical-staging completed after neoadjuvant therapy but before subsequent surgery</td>
</tr>
<tr>
<td>□ y clinical-staging completed after neoadjuvant therapy but before subsequent surgery</td>
<td></td>
<td>□ y pathologic-staging completed after neoadjuvant therapy AND subsequent surgery</td>
</tr>
</tbody>
</table>

**Primary Tumor (T)**
- □ T0: No evidence of primary tumor
- □ T1: Tumor 2 cm or less in greatest dimension, with or without extracapsular extension into the orbital soft tissue
- □ T2: Tumor more than 2 cm but not more than 4 cm in greatest dimension*
- □ T3: Tumor more than 4 cm in greatest dimension*
- □ T4: Tumor invades periorbital or orbital bone or adjacent structures

*As the maximum size of the lacrimal gland is 2 cm, T2 and greater tumors will usually extend into the orbital soft tissue.

**Regional Lymph Nodes (N)**
- □ N0: No regional lymph node metastasis
- □ 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>Clinical</th>
<th>Pathologic</th>
</tr>
</thead>
<tbody>
<tr>
<td>No stage grouping is presently recommended</td>
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</tr>
</tbody>
</table>

**Prognostic Factors (Site-Specific Factors)**

- Required for Staging: None
- Clinically Significant: Ki-67 growth fraction, Nuclear NM23 staining

**Histologic Grade (G) (Also known as Overall 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 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):**
The ypTNM 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.

- a prefix indicates recurrence tumor when staged after a disease-free interval, and is identified by the 'r' prefix: rTNM.
- s prefix designates the stage determined at autopsy: sTNM.
- 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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Illustration
Indicate on diagram primary tumor and regional nodes involved.