# LARYNX STAGING FORM

## Clinical
### Extent of Disease before any treatment

- **Tumor size:**
- **Laterality:** □ Left □ Right □ Bilateral

### Stage Category Definitions

<table>
<thead>
<tr>
<th>Tumor Size</th>
<th>Laterality</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>TX</td>
<td></td>
<td>Primary tumor cannot be assessed</td>
</tr>
<tr>
<td>T0</td>
<td></td>
<td>No evidence of primary tumor</td>
</tr>
<tr>
<td>T1s</td>
<td></td>
<td>Carcinoma in situ</td>
</tr>
<tr>
<td>T1</td>
<td>□ Left</td>
<td>Supraglottis</td>
</tr>
<tr>
<td>T2</td>
<td>□ Right</td>
<td>Tumor limited to one sub site of supraglottis with normal vocal cord mobility</td>
</tr>
<tr>
<td>T3</td>
<td>□ Bilateral</td>
<td>Tumor extends supraglottis and/or subglottis, and or impaired vocal cord mobility</td>
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<tr>
<td>T4a</td>
<td>□ Left</td>
<td>Moderately advanced local disease</td>
</tr>
<tr>
<td>T4b</td>
<td>□ Right</td>
<td>Very advanced local disease</td>
</tr>
</tbody>
</table>

## Pathologic
### Extent of Disease during and from surgery

- □ y pathologic staging completed after neoadjuvant therapy AND subsequent surgery

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**Form No:** MR0050

**American Joint Committee on Cancer 2010**
<table>
<thead>
<tr>
<th>GROUP</th>
<th>T</th>
<th>N</th>
<th>M</th>
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</tbody>
</table>

**REGIONAL LYMPH NODES (N)**

- NX: Regional lymph nodes cannot be assessed
- N0: No regional lymph node metastasis
- N1: Metastasis in a single ipsilateral lymph node, 3 cm or less in greatest dimension
- 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
- N2a: Metastasis in a single ipsilateral lymph node, more than 3 cm but not more than 6 cm in greatest dimension
- N2b: Metastasis in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension
- N2c: Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension
- N3: Metastasis in a lymph node, more than 6 cm in greatest dimension

*Note: Metastases at level VII are considered regional lymph node metastases.*

**DISTANT METASTASIS (M)**

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

**ANATOMIC STAGE • PROGNOSTIC GROUPS**
**Data Form for Cancer Staging**

**LARYNX STAGING FORM**

**REQUIRED FOR STAGING:** None

**CLINICALLY SIGNIFICANT:**

- Size of Lymph Nodes: __________
- Extracapsular Extension from Lymph Nodes for Head & Neck: __________
- Head & Neck Lymph Nodes Levels I-II: __________
- Head & Neck Lymph Nodes Levels IV-V: __________
- Head & Neck Lymph Nodes Levels VI-VII: __________
- Other Lymph Node Group: __________
- Clinical Location of Carotid Nodes: __________
- Extracapsular Spread (ECS) Clinical: __________
- Extracapsular Spread (ECS) Pathologic: __________
- Human Papillomavirus (HPV) Status: __________
- Tumor Thickness: __________

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

**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:**

- For identification of special cases of TNM or pTNM classifications, the “m” suffix and “y,” “r,” and “s” prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.
- The “m” suffix indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pt(m)NM.
- The “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 ypTNM or ypTMN 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.
- The “r” prefix indicates a recurrent tumor when staged after a disease-free interval, and is identified by the “r” prefix: rTNM.
- A “s” prefix designates the stage determined at autopsy: ATNM.
- Surgical margins are 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.
Data Form for Cancer Staging

LARYNX STAGING FORM

☐ Clinical stage was used in treatment planning (describe):

☐ National guidelines were used in treatment planning  ☐ NCCN  ☐ Other (describe):

__________________________________________

Physician signature

Date/Time
Data Form for Cancer Staging
LARYNX STAGING FORM

Illustration
Indicate on diagram primary tumor and regional nodes involved.

1. 

2. 

3. 

4. 

5. 

6.