# Melanoma of the Skin Staging Form

## Clinical Extent of Disease before any treatment

- □ y clinical-staging completed after neoadjuvant therapy but before subsequent surgery

## Tumor size:

### Primary Tumor (T)

- □ TX: Primary tumor cannot be assessed
- □ T0: No evidence of primary tumor
- □ T1a: Melanoma in situ
- □ T1: Melanomas ≤1.0 mm in thickness
  - □ without ulceration and mitoses <1/mm²
  - □ with ulceration or mitoses ≥1/mm²
- □ T1b: Melanomas 1.01 - 2.0 mm
  - □ without ulceration
  - □ with ulceration
- □ T2: Melanomas 2.01 - 4.0 mm
  - □ without ulceration
  - □ with ulceration
- □ T3: Melanomas >4.0 mm
  - □ without ulceration
  - □ with ulceration

## Laterality

- □ Left
- □ Right
- □ Bilateral
- □ Midline

## Pathologic Extent of disease through completion of definitive surgery

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

## Regional Lymph Nodes (N)

- □ NX: Regional lymph nodes cannot be assessed
- □ N0: No regional lymph node metastasis
- □ N1: 1 node
  - □ micrometastasis*
  - □ macrometastasis**
- □ N2: 2-3 nodes
  - □ micrometastasis*
  - □ macrometastasis**
- □ N2c: In transit met(s)/satellite(s) without metastatic nodes
- □ N3: 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) with metastatic node(s)

*Micrometastases are defined as clinically detectable nodal metastases confirmed by therapeutic lymphadenectomy or when nodal metastasis exhibits gross extracapsular extension.

**Macrometastases are defined as clinically detectable nodal metastases confirmed by therapeutic lymphadenectomy or when nodal metastasis exhibits gross extracapsular extension.

## Distant Metastasis (M)

- □ M0: No distant metastasis (no pathologic Mo; use clinical M to complete stage group)
- □ M1a: Metastases to skin, subcutaneous tissues, or distant lymph nodes
- □ M1b: Metastases to lung
- □ M1c: Metastases to all other visceral sites or distant metastases to any site combined with an elevated serum LDH
Data Form for Cancer Staging  
MELANOMA OF THE SKIN STAGING FORM

<table>
<thead>
<tr>
<th>ANATOMIC STAGE • PROGNOSTIC GROUPS</th>
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<tbody>
<tr>
<td><strong>CLINICAL</strong></td>
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* 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.

☐ Stage unknown

PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

REQUIRED FOR STAGING: None

CLINICALLY SIGNIFICANT:
- Measured thickness (depth)
- Ulceration
- Serum lactate dehydrogenase (LDH)
- Mitotic rate
- Tumor infiltrating lymphocytes (TIL)
- Level of invasion
- Vertical growth plate
- Regression

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

Histologic grading is not used in the staging of Melanoma.

General Notes:
For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y", "t", and "a" 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 the same patient and is recorded in parentheses: pT(m)V.

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 yTNM 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.
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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

<table>
<thead>
<tr>
<th>General Notes (continued):</th>
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<tr>
<td>r prefix indicates a recurrent tumor when staged after a disease-free interval, and is identified by the “r” prefix: rTNM.</td>
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<td>a prefix designates the stage determined at autopsy: aTNM.</td>
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<td><strong>surgical margins</strong> is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.</td>
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<td><strong>neoadjuvant treatment</strong> 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.</td>
</tr>
</tbody>
</table>

- Clinical stage was used in treatment planning (describe): ______________________________________

- National guidelines were used in treatment planning
  - **NCCN**
  - Other (describe): ____________________________

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**Physician signature**

**Date/Time**
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Illustration
Indicate on diagram primary tumor and regional nodes involved.