# MERKEL CELL CARCINOMA STAGING FORM

## Clinical Extent of Disease before any treatment

### Pathologic Extent of disease through completion of definitive surgery

<table>
<thead>
<tr>
<th>Tumor size:</th>
<th>Laterality:</th>
<th>Clinical</th>
<th>Stage Category Definitions</th>
<th>Pathologic</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>y clinical-staging completed after neoadjuvant therapy but before subsequent surgery</td>
<td>y pathologic -staging completed after neoadjuvant therapy AND subsequent surgery</td>
<td></td>
</tr>
</tbody>
</table>

### CLINICAL

<table>
<thead>
<tr>
<th>Extent of disease before any treatment</th>
<th>Stage Category Definitions</th>
<th>PATHOLOGIC</th>
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<td>Tumor size:</td>
<td>□</td>
</tr>
</tbody>
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#### PRIMARY TUMOR (T)

- **T0** No evidence of primary tumor
- **T1** Less than or equal to 2 cm maximum tumor dimension
- **T2** Greater than 2 cm but not more than 5 cm maximum tumor dimension
- **T3** Over 5 cm maximum tumor dimension
- **T4** Primary tumor invades bone, muscle, fascia, or cartilage

#### REGIONAL LYMPH NODES (N)

- **N0** No regional lymph node metastasis
- **N1** Metastasis in regional lymph node(s)
- **N2** In transit metastasis

**Note:** In transit metastasis is a tumor distinct from the primary lesion and located either 1) between the primary lesion and the draining regional lymph nodes or 2) distal to the primary lesion.

#### DISTANT METASTASIS (M)

- **M0** No distant metastasis
- **M1** Metastasis beyond regional lymph nodes
- **M1a** Metastasis to skin, subcutaneous tissues or distant lymph nodes
- **M1b** Metastasis to lung
- **M1c** Metastasis to all other visceral sites

### 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>IA</td>
<td>T1</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>IIa</td>
<td>T2/T3</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>IIIa</td>
<td>T4</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>IIIIB</td>
<td>Any T</td>
<td>cN1/N1b/N2</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>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Isolated tumor nodes should be considered positive nodes.

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*American Joint Committee on Cancer 2010*
Data Form for Cancer Staging
MERKEL CELL CARCINOMA STAGING FORM

PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)
REQUIRED FOR STAGING: None
CLINICALLY SIGNIFICANT:
- Measured Thickness (Depth)
- Tumor Base Traction Status
- Profound Immune Suppression
- Tumor Infiltrating Lymphocytes in the Primary Tumor (TIL)
- Growth Pattern of Primary Tumor
- Size of tumor nests in regional lymph nodes
- Clinical Status of Regional Lymph Nodes
- Regional Lymph Nodes Pathological Extracapsular Extension
- Isolated Tumor Cells in Regional Lymph Node(s)

Histologic Grade (G) (also known as overall grade)
Histologic grade is not used in the staging of Merkel cell carcinoma.

Additional Descriptors
Lymphatic Vessel Invasion (L) and Venous Invasion (V) have been combined into Lymph-Vascular Invasion (LVI) for the purpose of consistent reporting. 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/Not Identified
- Lymph-Vascular Invasion Present/Identified
- Not Applicable
- Unknown/Undetermined

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 classification, the "n" suffix and "y," "r," and "a" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.
- n suffix indicates the presence of metastases to multiple lymph nodes in a single site and is recorded in parentheses: pTNM.
- y prefix indicates those cases in which classification is performed during or following initial multimodality therapy. The pTNM or pT(NM) category is identified by a "y" prefix. The yTNM or yPT(NM) 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.

☐ 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.

[Diagram of human body showing front and back views, head, feet, and various anatomical parts for staging.]