

NASAL CAVITY AND PARANASAL SINUSES STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS	PATHOLOGIC <i>Extent of disease through completion of definitive surgery</i>
<input type="checkbox"/> y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	TUMOR SIZE: _____ LATERALITY: <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> bilateral	<input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4a <input type="checkbox"/> T4b <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4a <input type="checkbox"/> T4b	<p style="text-align: center;">PRIMARY TUMOR (T)</p> <p>Primary tumor cannot be assessed No evidence of primary tumor Tis Carcinoma <i>in situ</i></p> <p>Maxillary Sinus Tumor limited to maxillary sinus mucosa with no erosion or destruction of bone Tumor causing bone erosion or destruction including extension into the hard palate and/or middle nasal meatus, except extension to posterior wall of maxillary sinus and pterygoid plates Tumor invades any of the following: bone of the posterior wall of maxillary sinus, subcutaneous tissues, floor or medial wall of orbit, pterygoid fossa, ethmoid sinuses Moderately advanced local disease. Tumor invades anterior orbital contents, skin of cheek, pterygoid plates, infratemporal fossa, cribriform plate, sphenoid or frontal sinuses Very advanced local disease. Tumor invades any of the following: orbital apex, dura, brain, middle cranial fossa, cranial nerves other than maxillary division of trigeminal nerve (V₂), nasopharynx, or clivus</p> <p>Nasal Cavity and Ethmoid Sinus Tumor restricted to any one subsite, with or without bony invasion Tumor invading two subsites in a single region or extending to involve an adjacent region within the nasoethmoidal complex, with or without bony invasion Tumor extends to invade the medial wall or floor of the orbit, maxillary sinus, palate, or cribriform plate Moderately advanced local disease. Tumor invades any of the following: anterior orbital contents, skin of nose or cheek, minimal extension to anterior cranial fossa, pterygoid plates, sphenoid or frontal sinuses Very advanced local disease. Tumor invades any of the following: orbital apex, dura, brain, middle cranial fossa, cranial nerves other than (V₂), nasopharynx, or clivus</p>	<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4a <input type="checkbox"/> T4b <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4a <input type="checkbox"/> T4b
<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N2a	<p style="text-align: center;">REGIONAL LYMPH NODES (N)</p> <p>Regional lymph nodes cannot be assessed No regional lymph node metastasis Metastasis in a single ipsilateral lymph node, 3 cm or less in greatest dimension 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 Metastasis in a single ipsilateral lymph node, more than 3 cm but not more than 6 cm in greatest dimension</p>	<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N2a
HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION	

(continued on next page)

NASAL CAVITY AND PARANASAL SINUSES STAGING FORM

<input type="checkbox"/> N2b <input type="checkbox"/> N2c <input type="checkbox"/> N3	Metastasis in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension Metastasis in a lymph node, more than 6 cm in greatest dimension	<input type="checkbox"/> N2b <input type="checkbox"/> N2c <input type="checkbox"/> N3
<input type="checkbox"/> M0 <input type="checkbox"/> M1	DISTANT METASTASIS (M) No distant metastasis (no pathologic M0; use clinical M to complete stage group) Distant metastasis	<input type="checkbox"/> M1

ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL				PATHOLOGIC			
GROUP	T	N	M	GROUP	T	N	M
<input type="checkbox"/> 0	Tis	N0	M0	<input type="checkbox"/> 0	Tis	N0	M0
<input type="checkbox"/> I	T1	N0	M0	<input type="checkbox"/> I	T1	N0	M0
<input type="checkbox"/> II	T2	N0	M0	<input type="checkbox"/> II	T2	N0	M0
<input type="checkbox"/> III	T3	N0	M0	<input type="checkbox"/> III	T3	N0	M0
	T1	N1	M0		T1	N1	M0
	T2	N1	M0		T2	N1	M0
<input type="checkbox"/> IVA	T3	N1	M0	<input type="checkbox"/> IVA	T3	N1	M0
	T4a	N0	M0		T4a	N0	M0
	T4a	N1	M0		T4a	N1	M0
	T1	N2	M0		T1	N2	M0
	T2	N2	M0		T2	N2	M0
<input type="checkbox"/> IVB	T3	N2	M0	<input type="checkbox"/> IVB	T3	N2	M0
	T4a	N2	M0		T4a	N2	M0
	T4b	Any N	M0		T4b	Any N	M0
<input type="checkbox"/> IVC	Any T	N3	M0	<input type="checkbox"/> IVC	Any T	N3	M0
	Any T	Any N	M1		Any T	Any N	M1
<input type="checkbox"/> Stage unknown				<input type="checkbox"/> Stage unknown			

PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

REQUIRED FOR STAGING: None

CLINICALLY SIGNIFICANT:

- Size of Lymph Nodes _____
- Extracapsular Extension from Lymph Nodes for Head & Neck _____
- Head & Neck Lymph Nodes Levels I-III _____
- Head & Neck Lymph Nodes Levels IV-V _____
- Head & Neck Lymph Nodes Levels VI-VII _____
- Other Lymph Nodes Group _____
- Clinical Location of cervical nodes _____
- Extracapsular spread (ECS) Clinical _____
- Extracapsular spread (ECS) Pathologic _____
- Human Papillomavirus (HPV) Status _____
- Tumor Thickness _____

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.

HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION
------------------------------	---------------------------------

(continued from previous page)

NASAL CAVITY AND PARANASAL SINUSES STAGING FORM

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

Grading system

- 2 grade system
- 3 grade system
- 4 grade system
- No 2, 3, or 4 grade system is available

Grade

- Grade I or 1
- Grade II or 2
- Grade III or 3
- 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 (continued):

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.

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

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

Physician signature

Date/Time

<p>HOSPITAL NAME/ADDRESS</p> 	<p>PATIENT NAME/INFORMATION</p>
---	--

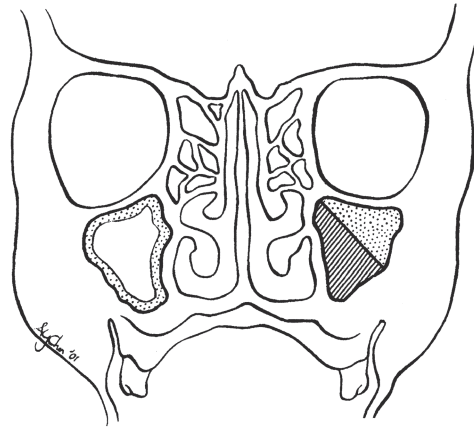
(continued on next page)

NASAL CAVITY AND PARANASAL SINUSES STAGING FORM

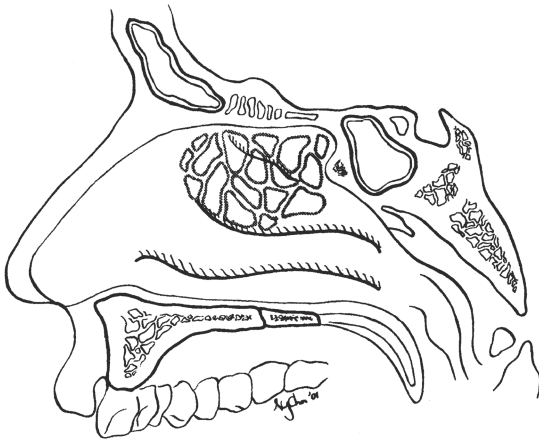
Illustration

Indicate on diagram primary tumor and regional nodes involved.

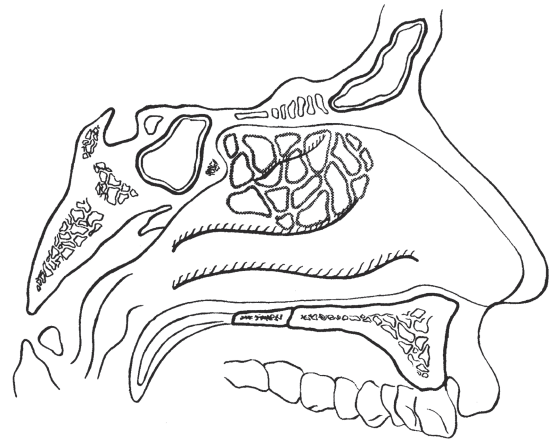
1.



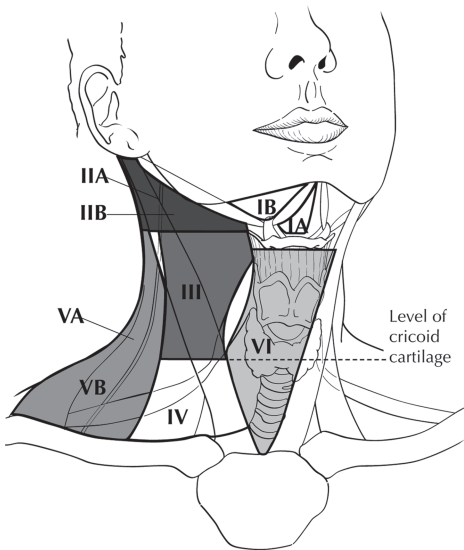
2.



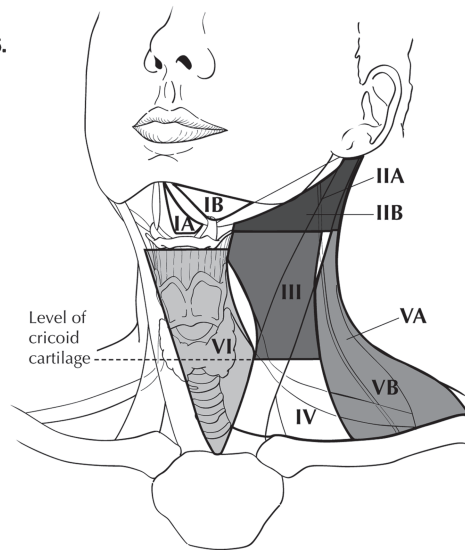
3.



4.



5.



HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION
-----------------------	--------------------------

(continued from previous page)