### Malignant Melanoma of the Conjunctiva Staging Form

<table>
<thead>
<tr>
<th>CLINICAL</th>
<th>STAGE CATEGORY DEFINITIONS</th>
<th>PATHOLOGIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent of disease before any treatment</td>
<td>PRIMARY TUMOR (T)</td>
<td>Extent of disease through completion of definitive surgery</td>
</tr>
</tbody>
</table>

- **Tumor Size:** _____________
- **Laterality:**
  - ☐ left
  - ☐ right
  - ☐ bilateral

- ☐ TX
- ☐ T0
- ☐ Tis
- ☐ T1
  - pT1a
  - pT1b
  - pT1c
  - pT1d
- ☐ T2
  - pT2a
  - pT2b
  - pT2c
- ☐ T3
  - pT3
  - pT3a
  - pT3b
  - pT3c
  - pT3d
- ☐ T4
  - pT4

#### PRIMARY TUMOR (T)

Quadrants are defined by clock hour, starting at the limbus (e.g. 6, 9, 12, 3) extending from the central cornea to and beyond the eyelid margins. This will bisect the caruncle.

- Primary tumor cannot be assessed
- No evidence of primary tumor
- Melanoma confined to the conjunctival epithelium
- Malignant conjunctival melanoma of the bulbar conjunctiva
  - Less than or equal to 1 quadrant
  - More than 1 but less than or equal to 2 quadrants
  - More than 2 but less than or equal to 3 quadrants
  - Greater than 3 quadrants
- Malignant conjunctival melanoma of the non-bulbar (palpebral, fornixal, caruncular)
  - Non-caruncular, less than or equal to 1 quadrant
  - Non-caruncular, greater than 1 quadrant
  - Any caruncular, less than or equal to 1 quadrant
  - Any caruncular, greater than 1 quadrant
- Melanoma invades the eye, eyelid, nasolacrimal system, sinuses or orbit
  - Globe
  - Eyelid
  - Orbit
  - Sinus
- Tumor invades the central nervous system
  - Melanoma invades the central nervous system

*PT(is) Melanoma in situ (includes the term primary acquired melanosis) with atypia replacing greater than 75% of the normal epithelial thickness, with cytologic features of epithelioid cells, including abundant cytoplasm, vesicular nuclei or prominent nucleoli, and/or presence of intraepithelial nests of atypical cells.

#### Hospital Name/Address

<table>
<thead>
<tr>
<th>Patient Name/Information</th>
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**REGIONAL LYMPH NODES (N)**

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>□ NX</td>
<td>Regional lymph nodes cannot be assessed</td>
</tr>
<tr>
<td>□ N0a (biopsy)</td>
<td>No regional lymph node metastasis, biopsy performed</td>
</tr>
<tr>
<td>□ N0b (no biopsy)</td>
<td>No regional lymph node metastasis, biopsy not performed</td>
</tr>
<tr>
<td>□ N1</td>
<td>Regional lymph node metastasis</td>
</tr>
<tr>
<td>□ NX</td>
<td>No regional lymph node metastasis, biopsy performed</td>
</tr>
<tr>
<td>□ N0</td>
<td>No regional lymph node metastasis, biopsy not performed</td>
</tr>
<tr>
<td>□ N1</td>
<td>Regional lymph node metastasis</td>
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**DISTANT METASTASIS (M)**

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<tbody>
<tr>
<td>□ M0</td>
<td>No distant metastasis (no pathologic M0; use clinical M to complete stage group)</td>
</tr>
<tr>
<td>□ M1</td>
<td>Distant metastasis</td>
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</table>

**ANATOMIC STAGE • PROGNOSTIC GROUPING**

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<tr>
<th></th>
<th>CLINICAL</th>
<th>PATHOLOGIC</th>
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<tbody>
<tr>
<td>No stage grouping is presently recommended</td>
<td>No stage grouping is presently recommended</td>
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**PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)**

**REQUIRED FOR STAGING:** None  
**CLINICALLY SIGNIFICANT:** Measured thickness (depth) _______________

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<thead>
<tr>
<th>Histologic Grade (G) (also known as overall grade)</th>
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<tbody>
<tr>
<td>□ 2 grade system</td>
<td>□ Grade I or 1</td>
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<tr>
<td>□ 3 grade system</td>
<td>□ Grade II or 2</td>
</tr>
<tr>
<td>□ 4 grade system</td>
<td>□ Grade III or 3</td>
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<tr>
<td>□ No 2, 3, or 4 grade system is available</td>
<td>□ Grade IV or 4</td>
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**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.
- **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.

**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

**HOSPITAL NAME/ADDRESS**

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**PATIENT NAME/INFORMATION**
**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

**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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**Hospital Name/Address**

**Patient Name/Information**

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Illustration
Indicate on diagram primary tumor and regional nodes involved.

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