# Carcinoma of the Lacrimal Gland Staging Form

### Clinical

**Extent of disease before any treatment**

- **Tumor Size:** ____________
- **Laterality:** □ left □ right □ bilateral

### Pathologic

**Extent of disease through completion of definitive surgery**

- □ TX
- □ T0
- □ T1
- □ T2
- □ T3
- □ T4
- □ T4a
- □ T4b
- □ T4c

#### Primary Tumor (T)

- **T0:** No evidence of primary tumor
- **T1:** Tumor 2 cm or less in greatest dimension, with or without extraglandular extension into the orbital soft tissue
- **T2:** Tumor more than 2 cm but not more than 4 cm in greatest dimension* *As the maximum size of the lacrimal gland is 2 cm, T2 and greater tumors will usually extend into the orbital soft tissue.
- **T3:** Tumor more than 4 cm in greatest dimension.*
- **T4:** Tumor invades periosteum or orbital bone or adjacent structures
- **T4a:** Tumor invades periosteum
- **T4b:** Tumor invades orbital bone
- **T4c:** Tumor invades adjacent structures (brain, sinus, pterygoid fossa, temporal fossa)

### Regional Lymph Nodes (N)

- □ NX
- □ N0
- □ N1

#### No regional lymph node metastasis

#### Regional lymph node metastasis

### Distant Metastasis (M)

- □ M0
- □ M1

#### No distant metastasis (no pathologic M0; use clinical M to complete stage group)

#### Distant metastasis

### Anatomic Stage • Prognostic Groups

- **Clinical:** No stage grouping is presently recommended
- **Pathologic:** No stage grouping is presently recommended

#### Prognostic Factors (Site-Specific Factors)

**Required for Staging:** None

**Clinically Significant:**

- Ki-67 growth fraction ____________
- Nuclear NM23 staining ____________

**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

**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.

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**Hospital Name/Address**

**Patient Name/Information**

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### General Notes (continued):

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.

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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

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

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

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Illustration
Indicate on diagram primary tumor and regional nodes involved.

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