### Ocular Adnexal Lymphoma Staging Form

#### Clinical Extent of Disease Before Any Treatment
- **Tumor Size:** ____________
- **Laterality:** □ left □ right □ bilateral

<table>
<thead>
<tr>
<th>PRIMARY TUMOR (T)</th>
<th>PATHOLOGIC Extent of Disease Through Completion of Definitive Surgery</th>
</tr>
</thead>
<tbody>
<tr>
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<td>T4c</td>
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<tr>
<td>T4d</td>
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</tr>
</tbody>
</table>

#### Regional Lymph Nodes (N)
- □ NX
- □ N0
- □ N1
- □ N2
- □ N3
- □ N4

- Regional lymph nodes cannot be assessed
- No evidence of lymph node involvement
- Involvement of ipsilateral regional lymph nodes*
- Involvement of contra lateral or bilateral regional lymph nodes*
- Involvement of peripheral lymph nodes not draining ocular adnexal region
- Involvement of central lymph nodes

- * The regional lymph nodes included preauricular (parotid), submandibular, and cervical

#### Distant Metastasis (M)
- □ M0
- □ M1a
- □ M1b
- □ M1c

- No evidence of involvement of other extranodal sites (no pathologic M0; use clinical M to complete stage group)
- Noncontiguous involvement of tissues or organs external to the ocular adnexa (e.g., parotid glands, submandibular gland, lung, liver, spleen, kidney, breast, etc.)
- Lymphomatous involvement of the bone marrow
- Both M1a and M1b involvement

#### Anatomic Stage • Prognostic Groups

<table>
<thead>
<tr>
<th>Clinical No stage grouping is presently recommended.</th>
<th>Pathologic No stage grouping is presently recommended.</th>
</tr>
</thead>
</table>

#### Hospital Name/Address

#### Patient Name/Information

(continued on next page)
### Prognostic Factors (Site-Specific Factors)

**Required for Staging:** None

**Clinically Significant:**
- Tumor cell growth fraction (Ki-67, MIB-1)
- Serum lactate dehydrogenase (LDH) at diagnosis
- History of rheumatoid arthritis
- History of Sjögren’s syndrome
- History of connective tissue disease
- History of recurrent dry eye syndrome (sicca syndrome)
- Any evidence of a viral infection (e.g., Hepatitis C or HIV)
- Any evidence of a bacterial infection (e.g., Helicobacter pylori)
- Any evidence of an infection caused by other micro-organisms (e.g., Chlamydia psittaci)

### Histologic Grade (G) (Also Known as Overall Grade)

<table>
<thead>
<tr>
<th>Grading System</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 grade system</td>
<td>Grade I or 1</td>
</tr>
<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>
</tr>
<tr>
<td>No 2, 3, or 4 grade system is available</td>
<td>Grade IV or 4</td>
</tr>
</tbody>
</table>

### 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:

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.
- **a** prefix designates the stage determined at autopsy: aTNM.

**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.