

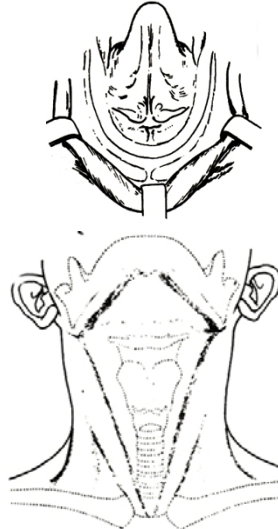
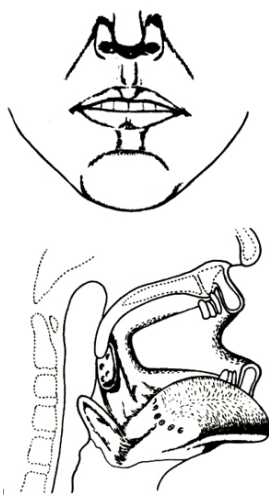


BC Cancer Agency

CARE + RESEARCH

An agency of the Provincial Health Services Authority

LIP & ORAL CAVITY STAGING DIAGRAM



<input type="checkbox"/> New	<input type="checkbox"/> Recurrent Disease	<input type="checkbox"/> Referred for Follow up
Referred as part of definitive treatment (initial treatment of disease).	Definitive treatment already received. Referred at recurrence.	Previously treated and followed elsewhere before referral.

TNM 2009 Clinical	T	X	0	<i>is</i>	1	2	3	4a	4b
	N	X	0	1	2a	2b	2c	3	
	M		0	1					
TNM 2009 Pathological	T	X	0	<i>is</i>	1	2	3	4a	4b
	N	X	0	1	2a	2b	2c	3	
	M		0	1					

Disease Subsites	<input type="checkbox"/> Alveolus/Gingiva	<input type="checkbox"/> Buccal	<input type="checkbox"/> Floor of Mouth
	<input type="checkbox"/> Hard Palate	<input type="checkbox"/> Lip	<input type="checkbox"/> Oral Tongue
Primary Laterality	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Bilateral

Previous Treatment	<input type="checkbox"/> Surgery <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Radiation <input type="checkbox"/> Nil	ECOG	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Smoking Status	<input type="checkbox"/> Never (<100 cig/life) <input type="checkbox"/> Former <input type="checkbox"/> Quit<1year <input type="checkbox"/> Current	Metastatic Sites <i>(check all that apply)</i>	<input type="checkbox"/> Adrenal <input type="checkbox"/> Bone <input type="checkbox"/> Brain <input type="checkbox"/> Distant Nodes <input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Other: _____
Pack Years	_____		

Completed by: _____ Date: _____
(dd/mm/yy)

Diagnosis/Stage Amended to: _____

Reason: _____

By: _____ Date: _____
(dd/mm/yy)

NOTIFY DATA QUALITY & REGISTRY IF STAGE/DIAGNOSIS IS AMENDED

LIP & ORAL CAVITY STAGING DIAGRAM
AJCC 7th Edition for Diagnosis Date ≥ 01 January 2010
Definitions for T, N, and M Descriptors

PRIMARY TUMOR (T)

- TX Primary tumor cannot be assessed
- T0 No evidence of primary tumor
- Tis Carcinoma in situ
- T1 Tumor 2cm or less in greatest dimension
- T2 Tumor more than 2cm but not more than 4 cm in greatest dimension
- T3 Tumor more than 4cm in greatest dimension
- T4a Moderately advanced local disease.
(lip) Tumor invades through cortical bone, inferior alveolar nerve, floor of mouth, or skin of face, i.e., chin or nose
(oral cavity) Tumor invades adjacent structures only (e.g., through cortical bone, [mandible or maxilla] into deep [extrinsic] muscle of tongue [genioglossus, hyoglossus, palatoglossus, and styloglossus], maxillary sinus, skin of face)
- T4b Very advanced local disease. Tumor invades masticator space, pterygoid plates, or skull base and/or encases internal carotid artery

Note: Superficial erosion alone of bone/tooth socket by gingival primary is not sufficient to classify a tumor as T4.

REGIONAL LYMPH NODES (N)

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph node metastasis
- N1 Metastasis in a single ipsilateral lymph node, 3cm or less in greatest dimension
- N2 Metastasis in a single ipsilateral lymph node, more than 3cm but not more than 6cm 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 6cm in greatest dimension
- N2a Metastasis in single ipsilateral lymph node more than 3cm but not more than 6cm in greatest dimension
- N2b Metastasis in multiple ipsilateral lymph nodes, none more than 6cm in greatest dimension
- N2c Metastasis in bilateral or contralateral lymph nodes, none more than 6cm in greatest dimension
- N3 Metastasis in a lymph node more than 6cm in greatest dimension

DISTANT METASTASIS (M)

- M0 No distant metastasis (no pathologic M0; use clinical M to complete stage group)
- M1 Distant metastasis