Uveal Melanoma

Protocol applies to malignant melanoma of the uvea.

Protocol revision date: January 2005
Based on AJCC/UICC TNM, 6th edition

Procedures
• Cytology (No Accompanying Checklist)
• Biopsy (No Accompanying Checklist)
• Resection Specimen (Enucleation, Limited or Complete Exenteration)

Authors
David L. Page
Department of Pathology, Vanderbilt University Medical Center, Nashville, Tennessee

Harry H. Brown, MD
Department of Pathology, University of Arkansas School of Medicine, Little Rock, Arkansas

For the Members of the Cancer Committee, College of American Pathologists

Previous contributors: Daniel Albert, MD; Nasreen Syed, MD
Uveal Melanoma • Ophthalmic

© 2005. College of American Pathologists. All rights reserved. The College does not permit reproduction of any substantial portion of these protocols without its written authorization. The College hereby authorizes use of these protocols by physicians and other health care providers in reporting on surgical specimens, in teaching, and in carrying out medical research for nonprofit purposes. This authorization does not extend to reproduction or other use of any substantial portion of these protocols for commercial purposes without the written consent of the College.

The College of American Pathologists offers these protocols to assist pathologists in providing clinically useful and relevant information when reporting results of surgical specimen examinations of surgical specimens. The College regards the reporting elements in the “Surgical Pathology Cancer Case Summary (Checklist)” portion of the protocols as essential elements of the pathology report. However, the manner in which these elements are reported is at the discretion of each specific pathologist, taking into account clinician preferences, institutional policies, and individual practice.

The College developed these protocols as an educational tool to assist pathologists in the useful reporting of relevant information. It did not issue the protocols for use in litigation, reimbursement, or other contexts. Nevertheless, the College recognizes that the protocols might be used by hospitals, attorneys, payers, and others. Indeed, effective January 1, 2004, the Commission on Cancer of the American College of Surgeons mandated the use of the checklist elements of the protocols as part of its Cancer Program Standards for Approved Cancer Programs. Therefore, it becomes even more important for pathologists to familiarize themselves with the document. At the same time, the College cautions that use of the protocols other than for their intended educational purpose may involve additional considerations that are beyond the scope of this document.
Summary of Changes to Checklist(s)

*Protocol revision date: January 2005*

No changes have been made to the data elements of the checklist(s) since the January 2004 protocol revision.
Surgical Pathology Cancer Case Summary (Checklist)

Protocol revision date: January 2005
Applies to melanomas of the uvea only
Based on AJCC/UICC TNM, 6th edition

**Uveal Melanoma: Resection**

Patient name:
Surgical pathology number:

*Note: Check 1 response unless otherwise indicated.*

**MACROSCOPIC**

**Specimen Type**

- [ ] Enucleation
- [ ] Limited exenteration
- [ ] Complete exenteration
- [ ] Other (specify): ____________________________
- [ ] Not specified

**Laterality**

- [ ] Right
- [ ] Left
- [ ] Unspecified

**Specimen Size**

For **Enucleation**
- Anteroposterior diameter __ mm
- Horizontal diameter __ mm
- Vertical diameter __ mm
- Length of optic nerve __ mm
- Diameter of optic nerve __ mm
- [ ] Cannot be determined (see Comment)

For **Exenteration**
- Greatest dimension: __ mm
- *Additional dimensions: __ x __ mm
- [ ] Cannot be determined (see Comment)

* Data elements *with asterisks* are *not required* for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.
Tumor Site and Extent (macroscopic examination/transillumination) (check all that apply)

___ Cannot be determined
___ Superotemporal quadrant of globe
___ Superonasal quadrant of globe
___ Inferotemporal quadrant of globe
___ Inferonasal quadrant of globe
___ Anterior chamber
___ Extrascleral extension
___ Optic nerve

*Tumor Basal Dimensions on Transillumination
*___ Cannot be determined
*Specify: ___ x ___ mm

Tumor Dimensions After Sectioning
___ Cannot be determined
___ Base at cut edge: ___ mm
*___ Height at cut edge: ___ mm
___ Maximal tumor height: ___ mm

*Tumor Location After Sectioning
*___ Cannot be determined
*___ Distance from anterior edge of tumor to limbus at cut edge: ___ mm
*___ Distance of posterior margin of tumor base from edge of optic disc: ___ mm

Tumor Involvement or Gross Pathology of Other Ocular Structures (check all that apply)
___ Cannot be determined
___ Sclera
___ Vortex vein(s)
___ Optic disc
___ Vitreous
___ Choroid
___ Ciliary body
___ Iris
___ Lens
___ Anterior chamber
___ Extrascleral extension
___ Angle/Schlemm’s canal
*___ Cornea
*___ Retinal detachment

* Data elements with asterisks are not required for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.
Growth Pattern
___ Cannot be determined
___ Solid mass
___ Ciliary body ring
___ Diffuse

MICROSCOPIC

Histologic Type
___ Cannot be determined
___ Spindle cell type
*___ Spindle cell type, spindle A
*___ Spindle cell type, spindle B
___ Epithelioid cell type
___ Mixed cell type
___ Necrotic
*___ Balloon cell

*Tumor Location
*___ Cannot be determined
*___ Anterior margin located anterior to equator of globe
*___ Within 1 mm of optic disc
*___ None of above

Scleral Involvement
___ Cannot be determined
___ None
___ Extrascleral
___ Intrascleral

Involvement of Other Structures (check all that apply)
___ Cannot be determined
___ Vortex vein
___ Optic Nerve
___ Vitreous
___ Retina
___ Angle/Schlemm’s canal
___ Other(s) (specify): _________________________
# Pathologic Staging (pTNM)

**Primary Tumor (pT): Iris**
- **pTX:** Primary tumor cannot be assessed
- **pT0:** No evidence of primary tumor
- **pT1:** Tumor limited to the iris
  - **pT1a:** Tumor limited to the iris not more than 3 clock hours in size
  - **pT1b:** Tumor limited to the iris more than 3 clock hours in size
  - **pT1c:** Tumor limited to the iris with melanomalytic glaucoma
- **pT2:** Tumor confluent with or extending into the ciliary body and/or choroid
  - **pT2a:** Tumor confluent with or extending into the ciliary body and/or choroid with melanomalytic glaucoma
- **pT3:** Tumor confluent with or extending into the ciliary body and/or choroid with extrascleral extension
  - **pT3a:** Tumor confluent with or extending into the ciliary body with extrascleral extension and melanomalytic glaucoma
  - **pT4:** Tumor with extraocular extension

**Primary Tumor (pT): Ciliary Body and Choroid**
- **pTX:** Primary tumor cannot be assessed
- **pT0:** No evidence of primary tumor
- **pT1:** Tumor 10 mm or less in greatest diameter and 2.5 mm or less in greatest height (thickness)
  - **pT1a:** Tumor 10 mm or less in greatest diameter and 2.5 mm or less in greatest height (thickness) without microscopic extraocular extension
  - **pT1b:** Tumor 10 mm or less in greatest diameter and 2.5 mm or less in greatest height (thickness) with microscopic extension
  - **pT1c:** Tumor 10 mm or less in greatest diameter and 2.5 mm or less in greatest height (thickness) with macroscopic extraocular extension
- **pT2:** Tumor greater than 10 mm but not more than 16 mm in greatest basal diameter and between 2.5 and 10 mm in maximum height (thickness)
  - **pT2a:** Tumor 10 mm to 16 mm in greatest basal diameter and between 2.5 and 10 mm in maximum height (thickness) without microscopic extraocular extension
  - **pT2b:** Tumor 10 mm to 16 mm in greatest basal diameter and between 2.5 and 10 mm in maximum height (thickness) with microscopic extraocular extension
  - **pT2c:** Tumor 10 mm to 16 mm in greatest basal diameter and between 2.5 and 10 mm in maximum height (thickness) with macroscopic extraocular extension
- **pT3:** Tumor more than 16 mm in greatest diameter and/or greater than 10 mm in maximum height (thickness) without extraocular extension
- **pT4:** Tumor more than 16 mm in greatest diameter and/or greater than 10 mm in maximum height (thickness) with extraocular extension

*Note: When dimension and elevation show a difference in classification, the highest category should be used for classification.*

---

* Data elements with *asterisks* are not required for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.
Regional Lymph Nodes (pN)
___ pNX: Regional lymph nodes cannot be assessed
___ pN0: No regional lymph node metastasis
___ pN1: Regional lymph node metastasis

Distant Metastasis (pM)
___ pMX: Cannot be assessed
___ pM1: Distant metastasis
*Specify site(s), if known: ____________________________

Margins
___ Cannot be assessed
___ No melanoma at margins
___ Extrascleral extension (for enucleation specimens)
___ Other margin involved (specify): ____________________________

*Additional Pathologic Findings (check all that apply)
* ___ None identified
* ___ Mitotic rate (number of mitoses per 40X objective
    with a field area of 0.152 mm²): _____
* ___ Necrosis
* ___ Microvascular patterns
* ___ Vascular invasion (tumor vessels or other vessels)
* ___ Degree of pigmentation
* ___ Inflammatory cells/tumor infiltrating lymphocytes
* ___ Drusen
* ___ Retinal detachment
* ___ Invasion of Bruch’s membrane
* ___ Nevus
* ___ Hemorrhage
* ___ Neovascularization
* ___ Other (specify): ____________________________

*Comment(s)