Mucosal Melanoma of the Head and Neck

At-A-Glance

**SUMMARY OF CHANGES**

- This is a new chapter for classification of this rare tumor

<table>
<thead>
<tr>
<th>ANATOMIC STAGE/PROGNOSTIC GROUPS</th>
<th>ICD-O-3 TOPOGRAPHY CODES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage III: T3 N0 M0</td>
<td>For a complete description of codes, refer to the appropriate anatomic site chapter based on the location of the mucosal melanoma (see Chapters 3–6)</td>
</tr>
<tr>
<td>Stage IVA: T4a N0 M0</td>
<td>Additionally, mucosal melanomas are staged for the following topography codes; however, no staging exists for nonmucosal melanoma in the same anatomic site:</td>
</tr>
<tr>
<td>T3–T4a N1 M0</td>
<td>C14.0 Pharynx, NOS</td>
</tr>
<tr>
<td>Stage IVB: T4b Any N M0</td>
<td>C14.2 Waldeyer’s ring</td>
</tr>
<tr>
<td>Stage IVC: Any T Any N M1</td>
<td>C14.8 Overlapping lesion of lip, oral cavity and pharynx</td>
</tr>
</tbody>
</table>

The following topography codes are excluded:

- C07.9 Parotid gland
- C08.0 Submandibular gland
- C08.1 Sublingual gland
- C08.8 Overlapping lesion of major salivary glands
- C08.9 Major salivary glands, NOS
- C30.1 Middle ear
- C73.9 Thyroid

**ICD-O-3 HISTOLOGY CODE RANGES**

- 8020–8090

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**INTRODUCTION**

Mucosal melanoma is an aggressive neoplasm that warrants separate consideration. Approximately two-thirds of these lesions arise in the nasal cavity and paranasal sinuses; one quarter are found in the oral cavity and the remainder occur only sporadically in other mucosal sites of the head and neck. Even small cancers behave aggressively with high rates of recurrence and death. To reflect this aggressive behavior, primary cancers limited to the mucosa are considered T3 lesions.
Advanced mucosal melanomas are classified as T4a and T4b. The anatomic extent criteria to define moderately advanced (T4a) and very advanced (T4b) disease are given below. In situ mucosal melanomas are excluded from staging, as they are extremely rare.

**ANATOMY**

Mucosal melanomas occur throughout the mucosa of the upper aerodigestive tract. For a description of anatomy, refer to the appropriate anatomic site chapter based on the location of the mucosal melanoma.

**RULES FOR CLASSIFICATION**

Mucosal melanomas occur throughout the mucosa of the upper aerodigestive tract. For the rules for classification, refer to the appropriate anatomic site chapter based on the location of the mucosal melanoma.

**DEFINITIONS OF TNM**

<table>
<thead>
<tr>
<th><strong>Primary Tumor</strong></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>T3</td>
<td>Mucosal disease</td>
</tr>
<tr>
<td>T4a</td>
<td>Moderately advanced disease</td>
</tr>
<tr>
<td></td>
<td>Tumor involving deep soft tissue, cartilage, bone, or overlying skin</td>
</tr>
<tr>
<td>T4b</td>
<td>Very advanced disease</td>
</tr>
<tr>
<td></td>
<td>Tumor involving brain, dura, skull base, lower cranial nerves (IX, X, XI, XII), masticator space, carotid artery, prevertebral space, or mediastinal structures</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Regional Lymph Nodes</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NX</td>
<td>Regional lymph nodes cannot be assessed</td>
</tr>
<tr>
<td>N0</td>
<td>No regional lymph node metastases</td>
</tr>
<tr>
<td>N1</td>
<td>Regional lymph node metastases present</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Distant Metastasis</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>M0</td>
<td>No distant metastasis</td>
</tr>
<tr>
<td>M1</td>
<td>Distant metastasis present</td>
</tr>
</tbody>
</table>

**ANATOMIC STAGE/PROGNOSTIC GROUPS**

<table>
<thead>
<tr>
<th>Stage III</th>
<th>T3</th>
<th>N0</th>
<th>M0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage IVA</td>
<td>T4a</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td></td>
<td>T3–T4a</td>
<td>N1</td>
<td>M0</td>
</tr>
<tr>
<td>Stage IVB</td>
<td>T4b</td>
<td>Any N</td>
<td>M0</td>
</tr>
<tr>
<td>Stage IVC</td>
<td>Any T</td>
<td>Any N</td>
<td>M1</td>
</tr>
</tbody>
</table>

**PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS) (Recommended for Collection)**

- Required for staging: None
- Clinically significant:
  - Size of lymph nodes
  - Extracapsular extension from lymph node for head and neck
  - Head and neck lymph nodes levels I–III
  - Head and neck lymph nodes levels IV–V
  - Head and neck lymph nodes levels VI–VII
  - Other lymph node group
  - Clinical location of cervical nodes
  - Extracapsular spread (ECS) clinical
  - Extracapsular spread (ECS) pathologic
  - Tumor thickness

**HISTOLOGIC GRADE (G)**

Grade is reported in registry systems by the grade value. A two-grade, three-grade, or four-grade system may be used. If a grading system is not specified, generally the following system is used:

- GX: Grade cannot be assessed
- G1: Well differentiated
- G2: Moderately differentiated
- G3: Poorly differentiated
- G4: Undifferentiated

**BIBLIOGRAPHY**


Mucosal Melanoma of the Head and Neck

### Extent of Disease Before Any Treatment
- **Clinical** - staging completed after neoadjuvant therapy but before subsequent surgery
- **Pathologic** - staging completed after neoadjuvant therapy AND subsequent surgery

### Stage Category Definitions

#### Tumor Size:
- Mucosal disease
- Moderately advanced disease
- Very advanced disease

#### Primary Tumor (T)
- T3
- T4a
- T4b

#### Regional Lymph Nodes (N)
- NX
- N0
- N1

#### Distant Metastasis (M)
- M0
- M1

### Anatomic Stage • Prognostic Groups

#### Clinical
- III T3 N0 M0
- IVA T4a N0 M0
- T3-T4a N1 M0
- IVB T4b Any N M0
- IVC Any T Any N M1

#### Pathologic
- III T3 N0 M0
- IVA T4a N0 M0
- T3-T4a N1 M0
- IVB T4b Any N M0
- IVC Any T Any N M1

### Prognostic Factors (Site-Specific Factors)

**Required for Staging:** None

**Clinically Significant:**
- Size of Lymph Nodes
- Extracapsular Extension from Lymph Node for Head & Neck
- Head & Neck Lymph Nodes Levels I-III
- Head & Neck Lymph Nodes Levels IV-V
- Head & Neck Lymph Nodes Levels VI-VII
- Other Lymph Node Group
- Clinical Location of cervical nodes
- Extracapsular Spread (ECS) Clinical
- Extracapsular Spread (ECS) Pathologic
- Tumor Thickness

**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.

- The "m" suffix indicates the presence of multiple primary tumors in a single site and is recorded in parentheses: pT(m)NM.

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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 (continued):
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.
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.

- Clinical stage was used in treatment planning (describe): ________________________________
- National guidelines were used in treatment planning  □ NCCN  □ Other (describe): ________________________________

______________________________
Physician signature

______________________________
Date/Time

<table>
<thead>
<tr>
<th>HOSPITAL NAME/ADDRESS</th>
<th>PATIENT NAME/INFORMATION</th>
</tr>
</thead>
</table>

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