Protocol for the Examination of Specimens From Patients With Uveal Melanoma

Protocol applies to malignant melanoma of the uvea.

Based on AJCC/UICC TNM, 7th edition

Protocol web posting date: January 2016

Procedures
• Resection (Local Resection, Enucleation, Limited or Complete Exenteration)

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CAP Uveal Melanoma Protocol Revision History

Version Code
The definition of the version code can be found at www.cap.org/cancerprotocols.

Version: UvealMelanoma 3.3.0.0

Summary of Changes
The following changes have been made since the October 2013 release.

The following data elements were modified:
- Procedure
- Tumor Site
- Tumor Size After Sectioning
- Tumor Site After Sectioning
- Growth Pattern
- Histologic Type
- Distant Metastasis (pM)

The following data elements were deleted:
- Specimen Size
- Tumor Basal Size on Transillumination
- Histologic Grade
Surgical Pathology Cancer Case Summary

Protocol web posting date: January 2016

UVEAL MELANOMA: Resection (Local Resection, Enucleation, Limited or Complete Exenteration) (Note A)

Select a single response unless otherwise indicated.

Procedure
___ Local resection
___ Enucleation
___ Limited exenteration
___ Complete exenteration
___ Other (specify): ____________________________
___ Not specified

Specimen Laterality
___ Right
___ Left
___ Unspecified

Tumor Site (macroscopic examination/transillumination) (select all that apply) (Note B)
___ Cannot be determined
___ Superotemporal quadrant of globe
___ Superonasal quadrant of globe
___ Inferotemporal quadrant of globe
___ Inferonasal quadrant of globe
___ Between ____ and ____ o’clock
___ Other (specify): ____________________________

Tumor Size After Sectioning (Note C)
___ Cannot be determined
Greatest basal diameter: ____ mm
+ Base at cut edge: ____ mm
Greatest height: ____ mm
+ Height at cut edge: ____ mm

Tumor Site After Sectioning (Note D)
___ Cannot be determined
___ Superonasal
___ Inferonasal
___ Superotemporal
___ Inferotemporal
+ 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 of Other Ocular Structures (select all that apply)
___ Cannot be determined
___ Sclera
___ Vortex vein(s)
___ Optic disc
___ Vitreous
___ Choroid
___ Ciliary body

+ Data elements preceded by this symbol are not required. However, these elements may be clinically important but are not yet validated or regularly used in patient management.
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__ Iris
__ Lens
__ Anterior chamber
__ Extrascleral extension (anterior)
__ Extrascleral extension (posterior)
__ Angle/Schlemm’s canal
__ Optic nerve
__ Retina
+ __ Cornea

**Growth Pattern**
__ Cannot be determined
__ Solid mass
__ Dome shape
__ Mushroom shape
__ Diffuse (ciliary body ring)
__ Diffuse (flat)

**Histologic Type (Note E)**
__ Spindle cell melanoma (>90% spindle cells)
__ Mixed cell melanoma (>10% epithelioid cells and <90% spindle cells)
__ Epithelioid cell melanoma (>90% epithelioid cells)

**Microscopic Tumor Extension**

+ Tumor Location
+ __ Anterior margin between equator and iris
+ __ Anterior margin between disc and equator
+ __ Posterior margin between equator and iris
+ __ Posterior margin between disc and equator
+ __ Cannot be determined
+ __ None of above

**Scleral Involvement**
__ Cannot be determined
__ None
__ Extrascleral
__ Intrasceral

**Margins**
__ Cannot be assessed
__ No melanoma at margins
__ Extrascleral extension (for enucleation specimens)
__ Other margin(s) involved (specify): ________________________________

**Pathologic Staging (pTNM) (Note F)**

TNM Descriptors (required only if applicable) (select all that apply)
__ m (multiple primary tumors)
__ r (recurrent)
__ y (posttreatment)
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 secondary glaucoma
___ pT2: Tumor confluent with or extending into the ciliary body, choroid, or both
   ___ pT2a: Tumor confluent with or extending into the ciliary body, choroid, or both, with secondary glaucoma
___ pT3: Tumor confluent with or extending into the ciliary body, choroid, or both, with scleral extension
   ___ pT3a: Tumor confluent with or extending into the ciliary body, choroid, or both, with scleral extension and secondary glaucoma
pT4: Tumor with extrascleral extension
   ___ pT4a: Tumor with extrascleral extension less than or equal to 5 mm in diameter
   ___ pT4b: Tumor with extrascleral extension more than 5 mm in diameter

Ciliary Body and Choroid

___ pTX: Primary tumor cannot be assessed
___ pT0: No evidence of primary tumor
pT1: Tumor size category 1
   ___ pT1a: Tumor size category 1 without ciliary body involvement and extraocular extension
   ___ pT1b: Tumor size category 1 with ciliary body involvement
   ___ pT1c: Tumor size category 1 without ciliary body involvement but with extraocular extension less than or equal to 5 mm in diameter
   ___ pT1d: Tumor size category 1 with ciliary body involvement and extraocular extension less than or equal to 5 mm in diameter
pT2: Tumor size category 2
   ___ pT2a: Tumor size category 2 without ciliary body involvement and extraocular extension
   ___ pT2b: Tumor size category 2 with ciliary body involvement
   ___ pT2c: Tumor size category 2 without ciliary body involvement but with extraocular extension less than or equal to 5 mm in diameter
   ___ pT2d: Tumor size category 2 with ciliary body involvement and extraocular extension less than or equal to 5 mm in diameter
pT3: Tumor size category 3
   ___ pT3a: Tumor size category 3 without ciliary body involvement and extraocular extension
   ___ pT3b: Tumor size category 3 with ciliary body involvement
   ___ pT3c: Tumor size category 3 without ciliary body involvement but with extraocular extension less than or equal to 5 mm in diameter
   ___ pT3d: Tumor size category 3 with ciliary body involvement and extraocular extension less than or equal to 5 mm in diameter
pT4: Tumor size category 4
   ___ pT4a: Tumor size category 4 without ciliary body involvement and extraocular extension
   ___ pT4b: Tumor size category 4 with ciliary body involvement
   ___ pT4c: Tumor size category 4 without ciliary body involvement but with extraocular extension less than or equal to 5 mm in diameter
   ___ pT4d: Tumor size category 4 with ciliary body involvement and extraocular extension less than or equal to 5 mm in diameter
   ___ pT4e: Any tumor size category with extraocular extension more than 5 mm in diameter

Regional Lymph Nodes (pN)

___ pNX: Regional lymph nodes cannot be assessed
___ pN0: No regional lymph node metastasis
___ pN1: Regional lymph node metastasis

+ Data elements preceded by this symbol are not required. However, these elements may be clinically important but are not yet validated or regularly used in patient management.
Distant Metastasis (pM) (required only if confirmed pathologically in this case)
___ pM1: Distant metastasis
___ pM1a: Largest diameter of the largest metastasis 3 cm or less
___ pM1b: Largest diameter of the largest metastasis 3.1-8.0 cm
___ pM1c: Largest diameter of the largest metastasis 8.1 cm or more
  Specify sites(s), if known: ______________________________

+ Additional Pathologic Findings (select all that apply) (Note G)
+ ___ None identified
+ ___ Mitotic rate (number of mitoses per 40X objective with a field area of 0.152 mm²)
  (specify): ______
+ ___ Extravascular matrix pattern
+ ___ 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)
Explanatory Notes

A. Fixative
The minimum recommended fixation time for whole globes with intraocular tumors is 48 hours. The globe should be fixed in an adequate volume of fixative with a 10:1 ratio of fixative volume to specimen volume recommended. Incisions or windows in the globe are not necessary for adequate penetration of fixative and are not recommended. Injection of fixative into the globe is also not recommended.

B. Orientation
The orientation of a globe may be determined by identification of extraocular muscle insertions, the optic nerve, and other landmarks, as illustrated in Figure 1. The terms temporal and nasal are generally used in place of lateral and medial with reference to ocular anatomy.

![Image of anatomic landmarks](image)

**Figure 1.** Anatomic landmarks of the posterior aspect of the globe (right eye). The position of the inferior oblique muscle relative to the optic nerve is most helpful in orienting the globe. The inferior oblique muscle insertion is located temporal (lateral) to the optic nerve on the sclera, and its fibers travel inferonasally from its insertion. The long posterior ciliary artery is often seen as a blue-gray line in the sclera on either side of the optic nerve and marks the horizontal meridian of the globe. Reprinted with permission from WB Saunders Company.

C. Tumor Size
Tumor size has prognostic significance. Many studies of choroidal and ciliary body melanoma have defined small tumors as being less than 10 mm in greatest diameter. More recently, an ongoing study started in 1986, the Collaborative Ocular Melanoma Study, defined the following size classification based on clinical measurements.

- Small tumors*: Smaller than medium or large tumors defined below
- Medium tumors: Greater than or equal to 2.5 mm, less than or equal to 10 mm in height, and less than or equal to 16 mm in basal diameter
- Large tumors: Greater than 10 mm in height or greater than 2 mm in height and greater than 16 mm in basal diameter or greater than 8 mm in height with optic nerve involvement

* Small tumors have a more favorable prognosis. 4,5
D. Sectioning the Globe
The globe is generally sectioned in the horizontal or vertical plane, with care to include the pupil and optic nerve in the section to be submitted for microscopic examination. If the mass cannot be included with horizontal or vertical sectioning, the globe is sectioned obliquely to include the tumor, pupil, and optic nerve, as illustrated in Figure 2. Alternative methods of sectioning have been described.\(^6\)

![Diagram of globe sectioning methods](image)

**Figure 2.** The most common methods of sectioning a globe. After transillumination, the tumor base is marked, if possible, and included in the pupil-optic (p-o) nerve section and submitted for processing. If tumor is found in either of the calottes, these may also be submitted for sectioning. The meridian in which the globe was sectioned should be included in the gross description of the pathology report. It is not uncommon to induce an artifactitious retinal detachment while sectioning the globe. This can be minimized by gentle handling and by avoiding a sawing motion with the blade. Reprinted with permission from WB Saunders Company.

E. Histologic Type
The modified Callender classification shown below is used for determining cell type, but has prognostic significance only for tumors of the choroid and ciliary body, not those of the iris, which generally have a benign course.\(^1\) The American Joint Committee on Cancer (AJCC) defined the histopathologic types as follows:\(^10\)

- Spindle cell melanoma (greater than 90% spindle cells)
- Mixed cell melanoma (>10% epithelioid cells and <90% spindle cells)
- Epithelioid cell melanoma (greater than 90% epithelioid cells)

\(^6\) Spindle cell melanomas have the most favorable prognosis, and epithelioid cell melanomas the least favorable in terms of survival.
F. TNM Stage Groupings
The American Joint Committee on Cancer (AJCC) and the International Union Against Cancer (UICC) TNM staging systems for uveal melanoma of the iris, ciliary body, and choroid are shown below. 10

By AJCC/UICC convention, the designation “T” refers to a primary tumor that has not been previously treated. The symbol “p” refers to the pathologic classification of the TNM, as opposed to the clinical classification, and is based on gross and microscopic examination. pT entails a resection of the primary tumor or biopsy adequate to evaluate the highest pT category, pN entails removal of nodes adequate to validate lymph node metastasis, and pM implies microscopic examination of distant lesions. Clinical classification (cTNM) is usually carried out by the referring physician before treatment during initial evaluation of the patient or when pathologic classification is not possible.

Pathologic staging is usually performed after surgical resection of the primary tumor. Pathologic staging depends on pathologic documentation of the anatomic extent of disease, whether or not the primary tumor has been completely removed. If a biopsied tumor is not resected for any reason (eg, when technically unfeasible) and if the highest T and N categories or the M1 category of the tumor can be confirmed microscopically, the criteria for pathologic classification and staging have been satisfied without total removal of the primary cancer.

Primary Tumor

All Uveal Melanomas
TX Primary tumor cannot be assessed
T0 No evidence of primary tumor

Iris
T1 Tumor limited to the iris
T1a Tumor limited to the iris not more than 3 clock hours in size
T1b Tumor limited to the iris more than 3 clock hours in size
T1c Tumor limited to the iris with secondary glaucoma
T2 Tumor confluent with or extending into the ciliary body, choroid, or both
T2a Tumor confluent with or extending into the ciliary body, choroid, or both, with secondary glaucoma
T3 Tumor confluent with or extending into the ciliary body, choroid or both, with scleral extension
T3a Tumor confluent with or extending into the ciliary body, choroid or both, with scleral extension and secondary glaucoma
T4 Tumor with extrascleral extension
T4a Tumor with extrascleral extension less than or equal to 5 mm in diameter
T4b Tumor with extrascleral extension more than 5 mm in diameter

Iris melanomas originate from, and are predominantly located in, this region of the uvea. If less than half of the tumor volume is located within the iris, the tumor may have originated in the ciliary body, and consideration should be given to classifying it accordingly.
Ciliary Body and Choroid

Primary ciliary body and choroidal melanomas are classified according to the 4 tumor size categories below:\(^\text{10}\):

### Tumor Size Categories

<table>
<thead>
<tr>
<th>Tumor Size Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1</td>
<td>Tumor size category 1 without ciliary body involvement and extraocular extension</td>
</tr>
<tr>
<td>T1a</td>
<td>Tumor size category 1 with ciliary body involvement</td>
</tr>
<tr>
<td>T1c</td>
<td>Tumor size category 1 without ciliary body involvement but with extraocular extension less than or equal to 5 mm in diameter</td>
</tr>
<tr>
<td>T1d</td>
<td>Tumor size category 1 with ciliary body involvement and extraocular extension less than or equal to 5 mm in diameter</td>
</tr>
<tr>
<td>T2</td>
<td>Tumor size category 2</td>
</tr>
<tr>
<td>T2a</td>
<td>Tumor size category 2 without ciliary body involvement and extraocular extension</td>
</tr>
<tr>
<td>T2b</td>
<td>Tumor size category 2 with ciliary body involvement</td>
</tr>
<tr>
<td>T2c</td>
<td>Tumor size category 2 without ciliary body involvement but with extraocular extension less than or equal to 5 mm in diameter</td>
</tr>
<tr>
<td>T2d</td>
<td>Tumor size category 2 with ciliary body involvement and extraocular extension less than or equal to 5 mm in diameter</td>
</tr>
<tr>
<td>T3</td>
<td>Tumor size category 3</td>
</tr>
<tr>
<td>T3a</td>
<td>Tumor size category 3 without ciliary body involvement and extraocular extension</td>
</tr>
<tr>
<td>T3b</td>
<td>Tumor size category 3 with ciliary body involvement</td>
</tr>
<tr>
<td>T3c</td>
<td>Tumor size category 3 without ciliary body involvement but with extraocular extension less than or equal to 5 mm in diameter</td>
</tr>
<tr>
<td>T3d</td>
<td>Tumor size category 3 with ciliary body involvement and extraocular extension less than or equal to 5 mm in diameter</td>
</tr>
<tr>
<td>T4</td>
<td>Tumor size category 4</td>
</tr>
<tr>
<td>T4a</td>
<td>Tumor size category 4 without ciliary body involvement and extraocular extension</td>
</tr>
<tr>
<td>T4b</td>
<td>Tumor size category 4 with ciliary body involvement</td>
</tr>
<tr>
<td>T4c</td>
<td>Tumor size category 4 without ciliary body involvement but with extraocular extension less than or equal to 5 mm in diameter</td>
</tr>
<tr>
<td>T4d</td>
<td>Tumor size category 4 with ciliary body involvement and extraocular extension less than or equal to 5 mm in diameter</td>
</tr>
<tr>
<td>T4e</td>
<td>Any tumor size category with extraocular extension more than 5 mm in diameter</td>
</tr>
</tbody>
</table>

**Note:** In clinical practice, the largest tumor basal diameter may be estimated in optic disc diameters (dd, average: 1 dd = 1.5 mm). Tumor thickness may be estimated in diopters (average: 2.5 diopters = 1 mm). However, techniques such as ultrasonography and fundus photography are used to provide more accurate measurements. Ciliary body involvement can be evaluated by the slit-lamp, ophthalmoscopy, gonioscopy, and transillumination. However, high-frequency ultrasonography (ultrasound biomicroscopy) is used for more accurate assessment. Extension through the sclera is evaluated visually before and during surgery, and with ultrasonography, computed tomography, or magnetic resonance imaging.
When histopathologic measurements are recorded after fixation, tumor diameter and thickness may be underestimated because of tissue shrinkage.

**Regional Lymph Nodes (N)**
- **NX**: Regional lymph nodes cannot be assessed
- **N0**: No regional lymph node metastasis
- **N1**: Regional lymph node metastasis

**Distant Metastasis (M)**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>M0</td>
<td>No distant metastasis</td>
<td></td>
</tr>
<tr>
<td>M1</td>
<td>Distant metastasis</td>
<td></td>
</tr>
<tr>
<td>M1a</td>
<td>Largest diameter of the largest metastasis 3 cm or less</td>
<td></td>
</tr>
<tr>
<td>M1b</td>
<td>Largest diameter of the largest metastasis 3.1-8.0 cm</td>
<td></td>
</tr>
<tr>
<td>M1c</td>
<td>Largest diameter of the largest metastasis 8.1 cm or more</td>
<td></td>
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</tbody>
</table>

**Stage Grouping**

<table>
<thead>
<tr>
<th>Stage</th>
<th>T1a</th>
<th>N0</th>
<th>M0</th>
</tr>
</thead>
<tbody>
<tr>
<td>IIA</td>
<td>T1b-d</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td></td>
<td>T2a</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>IIB</td>
<td>T2b</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td></td>
<td>T3a</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>IIIA</td>
<td>T2c-d</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td></td>
<td>T3b-c</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td></td>
<td>T4a</td>
<td>N0</td>
<td>M0</td>
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<tr>
<td>IIIB</td>
<td>T3d</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td></td>
<td>T4b-c</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>IIIC</td>
<td>T4d-e</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>IV</td>
<td>Any T</td>
<td>N1</td>
<td>M0</td>
</tr>
<tr>
<td></td>
<td>Any T</td>
<td>Any N</td>
<td>M1a-c</td>
</tr>
</tbody>
</table>

It should be noted that regional lymph node involvement is rare in uveal melanoma, but metastasis to the liver and direct extension into the orbit are more common.10

**TNM Descriptors**

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.

The “y” prefix indicates those cases in which classification is performed during or following initial multimodality therapy (ie, neoadjuvant chemotherapy, radiation therapy, or both chemotherapy and radiation 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 (ie, before initiation of neoadjuvant therapy).

The “r” prefix indicates a recurrent tumor when staged after a documented disease-free interval, and is identified by the “r” prefix: rTNM.

The “a” prefix designates the stage determined at autopsy: aTNM.

**Additional Descriptors**

**Residual Tumor (R)**

Tumor remaining in a patient after therapy with curative intent (eg, surgical resection for cure) is categorized by a system known as R classification, shown below.
RX  Presence of residual tumor cannot be assessed
R0  No residual tumor
R1  Microscopic residual tumor
R2  Macroscopic residual tumor

For the surgeon, the R classification may be useful to indicate the known or assumed status of the completeness of a surgical excision. For the pathologist, the R classification is relevant to the status of the margins of a surgical resection specimen. That is, tumor involving the resection margin on pathologic examination may be assumed to correspond to residual tumor in the patient and may be classified as macroscopic or microscopic according to the findings at the specimen margin(s).

**Lymph-Vascular Invasion (LVI)**
LVI indicates whether microscopic lymph-vascular invasion is identified in the pathology report. LVI includes lymphatic invasion, vascular invasion, or lymph-vascular invasion. By AJCC/UICC convention, LVI does not affect the T category indicating local extent of tumor unless specifically included in the definition of a T category.

**G. Other Pathologic Features of Prognostic Significance**
Other histologic features with prognostic significance in choroidal and ciliary body melanoma include the number of mitoses in 40 high-powered fields, pigmentation, degree of inflammation, growth pattern (diffuse choroidal melanomas and ring melanomas of the ciliary body have a much less favorable prognosis), location of anterior margin of tumor, degree and patterns of vascularity, blood vessel invasion (both tumor vessels and normal vessels), tumor necrosis, extraocular extension, and optic nerve involvement.1,11-20

**References**


