65. Conjunctival Carcinoma

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Emerging Factors for Clinical Care\textsuperscript{1-19}

Association with Higher Recurrence Rates after Treatment, including:
- Caruncular location (AJCC Level of Evidence: IV)
- Scleral extension (AJCC Level of Evidence: III)
- Uveal extension (AJCC Level of Evidence: III)
- Initial treatment limited to excisional biopsy without cryotherapy (AJCC Level of Evidence: II)
- Histologic involvement of the margin of tumor resection (AJCC Level of Evidence: II)
- A history of xeroderma pigmentosum (AJCC Level of Evidence: II)
- Histologic subtype (SCC vs. spindle cell carcinoma and mucoepidermoid carcinoma, the latter being more aggressive variants of conjunctival carcinoma and associated with higher recurrence rates and worse prognosis due to a tendency for intraocular extension)
- Presence or absence of lymphatic or vascular invasion (AJCC Level of Evidence: III)
- Perineural invasion (AJCC Level of Evidence: III)
- Ki-67 growth fraction, reported as percentage of positive tumor cells (AJCC Level of Evidence: III)

Prognostically Significant Potential Therapeutic Targets
- Epidermal growth factor receptor (EGFR) (AJCC Level of Evidence: III)
- HPV high-risk genotypes (AJCC Level of Evidence: III)
- HIV infection (AJCC Level of Evidence: II)

Risk Assessment Models
The AJCC recently established guidelines that will be used to evaluate published statistical prediction models for the purpose of granting endorsement for clinical use\textsuperscript{20}. Although this is a monumental step toward the goal of precision medicine, this work was published only very recently. Therefore, the existing models that have been published or may be in clinical use have not yet been evaluated for this cancer site by the Precision Medicine Core of the AJCC. In the future, the statistical prediction models for this cancer site will be evaluated, and those that meet all AJCC criteria will be endorsed.

Recommendations for Clinical Trial Stratification
The authors have not provided any recommendations for clinical trial stratification at this time.
Bibliography

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