

## Reese-Ellsworth Classification for Retinoblastoma

The Reese-Ellsworth Classification was developed in the 1960s by Dr. Algernon Reese and Dr. Robert Ellsworth, two prominent New York doctors specialising in retinoblastoma. The system was designed to predict outcome from treatment with external beam radiotherapy (EBRT), used internationally as the primary eye salvage treatment until introduction of chemotherapy in the 1980s.

Ranging from 1 (lowest stage) to 5 (highest stage), the higher the stage, the lower the chances of controlling tumours, and thus preserving the eye with any useful vision. If both eyes are affected, each eye is staged independently of the other.

The REC is rarely used today as chemotherapy has superseded radiotherapy as the favoured treatment for eye salvage.

Group 1: very favourable for maintenance of sight

- A. Solitary tumour, smaller than 4 disc diameters (DD), at or behind the equator.
- B. Multiple tumours, none larger than 4 DD, all at or behind the equator.

Group 2: favourable for maintenance of sight

- A. Solitary tumour, 4 to 10 DD at or behind the equator.
- B. Multiple tumours, 4 to 10 DD behind the equator.

Group 3: possible for maintenance of sight

- A. Any lesion anterior to the equator.
- B. Solitary tumour, larger than 10 DD behind the equator.

Group 4: unfavourable for maintenance of sight

- A. Multiple tumours, some larger than 10 DD.
- B. Any lesion extending anteriorly to the ora serrata.

Group 5: very unfavourable for maintenance of sight

- A. Massive tumours involving more than one half the retina.
- B. Vitreous seeding.