

Reese-Ellsworth Classification for Retinoblastoma

Grouped 1-5 with subdivisions, this system was developed in the 1960s by Dr. Algernon Reese and Dr. Robert Ellsworth, prominent New York retinoblastoma specialists. It predicts outcome from treatment with external beam radiotherapy (EBRT), the primary vision-salvage therapy at the time of its creation.

Today, chemotherapy with focal therapy is the primary eye salvage treatment. Radiation is reserved as a last resort to save a second eye, where all other treatments have failed or are unavailable. As a result, the Reese-Ellsworth Classification is not much used.

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.