

SMALL INTESTINE STAGING FORM

CLINICAL <i>Extent of disease before any treatment</i>	STAGE CATEGORY DEFINITIONS	PATHOLOGIC <i>Extent of disease during and from surgery</i>																																																																																							
<input type="checkbox"/> y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	TUMOR SIZE: _____	<input type="checkbox"/> y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery																																																																																							
<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1a <input type="checkbox"/> T1b <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4	<p style="text-align: center;">PRIMARY TUMOR (T)</p> Primary tumor cannot be assessed No evidence of primary tumor Carcinoma <i>in situ</i> Tumor invades lamina propria Tumor invades submucosa Tumor invades muscularis propria Tumor invades through the muscularis propria into the subserosa or into the nonperitonealized perimuscular tissue (mesentery or retroperitoneum) with extension 2 cm or less* Tumor perforates the visceral peritoneum or directly invades other organs or structures (includes other loops of small intestine, mesentery, or retroperitoneum more than 2 cm, and abdominal wall by way of serosa; for duodenum only, invasion of pancreas or bile duct) *The nonperitonealized perimuscular tissue is, for jejunum and ileum, part of the mesentery and, for duodenum in areas where serosa is lacking, part of the interface with the pancreas.	<input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1a <input type="checkbox"/> T1b <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4																																																																																							
<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2	<p style="text-align: center;">REGIONAL LYMPH NODES (N)</p> Regional lymph nodes cannot be assessed No regional lymph node metastasis Metastasis in 1 to 3 regional lymph nodes Metastasis in 4 or more regional lymph nodes	<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2																																																																																							
<input type="checkbox"/> M0 <input type="checkbox"/> M1	<p style="text-align: center;">DISTANT METASTASIS (M)</p> No distant metastasis (no pathologic M0; use clinical M to complete stage group) Distant metastasis	<input type="checkbox"/> M1																																																																																							
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HOSPITAL NAME/ADDRESS

PATIENT NAME/INFORMATION

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SMALL INTESTINE STAGING FORM

PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

REQUIRED FOR STAGING: None

CLINICALLY SIGNIFICANT:

Pre-surgical Carcinoembryonic Antigen (CEA): _____

Microsatellite Instability (MSI): _____

Presence of Crohn's Disease: _____

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.

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

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.

Histologic Grade (G) (also known as overall grade)

Grading system

- 2 grade system
- 3 grade system
- 4 grade system
- No 2, 3, or 4 grade system is available

Grade

- Grade I or 1
- Grade II or 2
- Grade III or 3
- Grade IV or 4

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

Clinical stage was used in treatment planning (describe): _____

National guidelines were used in treatment planning NCCN Other (describe): _____

Physician signature

Date/Time

HOSPITAL NAME/ADDRESS

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