COLON AND RECTUM STAGING FORM

CLINICAL *Extent of disease before any treatment*	STAGE CATEGORY DEFINITIONS	PATHOLOGIC *Extent of disease through completion of definitive surgery*
❒ y clinical – staging completed after neoadjuvant therapy but before subsequent surgery	**TUMOR SIZE:** _____ **LATERALITY:** ☐ left ☐ right ☐ bilateral	❒ y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
❑ TX ❑ T0 ❑ Tis ❑ T1 ❑ T2 ❑ T3 ❑ T4a ❑ T4b	**PRIMARY TUMOR (T)** Primary tumor cannot be assessed No evidence of primary tumor Carcinoma *in situ:* intraepithelial or invasion of lamina propria* Tumor invades submucosa Tumor invades muscularis propria Tumor invades through the muscularis propria into pericolorectal tissues Tumor penetrates to the surface of the visceral peritoneum** Tumor directly invades or is adherent to other organs or structures**,*** **Note:* Tis includes cancer cells confined within the glandular basement membrane (intraepithelial) or mucosal lamina propria (intramucosal) with no extension through the muscularis mucosae into the submucosa. ***Note:* Direct invasion in T4 includes invasion of other organs or other segments of the colorectum as a result of direct extension through the serosa, as confirmed on microscopic examination (for example, invasion of the sigmoid colon by a carcinoma of the cecum) or, for cancers in a retro-peritoneal or subperitoneal location, direct invasion of other organs or structures by virtue of extension beyond the muscularis propria (i.e., respectively, a tumor on the posterior wall of the descending colon invading the left kidney or lateral abdominal wall; or a mid or distal rectal cancer with invasion of prostate, seminal vesicles, cervix or vagina). ****Note:* Tumor that is adherent to other organs or structures, grossly, is classified cT4b. However, if no tumor is present in the adhesion, microscopically, the classification should be pT1-4a depending on the anatomical depth of wall invasion. The V and L classifications should be used to identify the presence or absence of vascular or lymphatic invasion whereas the PN site-specific factor should be used for perineural invasion.	❑ TX ❑ T0 ❑ Tis ❑ T1 ❑ T2 ❑ T3 ❑ T4a ❑ T4b
❑ NX ❑ N0 ❑ N1 ❑ N1a ❑ N1b ❑ N1c ❑ N2 ❑ N2a ❑ N2b	**REGIONAL LYMPH NODES (N)** Regional lymph nodes cannot be assessed No regional lymph node metastasis Metastasis in 1 to 3 regional lymph nodes Metastasis in 1 regional lymph node Metastasis in 2-3 regional lymph nodes Tumor deposit(s) in the subserosa, mesentery, or non-peritonealized pericolic or perirectal tissues without regional nodal metastasis Metastasis in 4 or more regional lymph nodes Metastasis in 4 to 6 regional lymph nodes Metastasis in 7 or more regional lymph nodes *Note:* A satellite peritumoral nodule in the pericolorectal adipose tissue of a primary carcinoma without histologic evidence of residual lymph node in the nodule may represent discontinuous spread, venous invasion with extravascular spread (V1/2) or a totally replaced lymph node (N1/2). Replaced nodes should be counted separately as positive nodes in the N category, whereas discontinuous spread or venous invasion should be classified and counted in the Site-Specific Factor category Tumor Deposits (TD).	❑ NX ❑ N0 ❑ N1 ❑ N1a ❑ N1b ❑ N1c ❑ N2 ❑ N2a ❑ N2b

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COLON AND RECTUM STAGING FORM

	DISTANT METASTASIS (M)	
❑ M0	No distant metastasis (no pathologic M0; use clinical M to complete stage group)	
❑ M1	Distant metastasis	❑ M1
❑ M1a	Metastasis confined to one organ or site (e.g., liver, lung, ovary, non-regional node).	❑ M1a
❑ M1b	Metastases in more than one organ/site or the peritoneum.	❑ M1b

ANATOMIC STAGE • PROGNOSTIC GROUPS

CLINICAL

GROUP	T	N	M	Dukes*	MAC*
❑ 0	Tis	N0	M0	-	-
❑ I	T1	N0	M0	A	A
	T2	N0	M0	A	B1
❑ IIA	T3	N0	M0	B	B2
❑ IIB	T4a	N0	M0	B	B2
❑ IIC	T4b	N0	M0	B	B3
❑ IIIA	T1-T2	N1/N1c	M0	C	C1
	T1	N2a	M0	C	C1
❑ IIIB	T3-T4a	N1/N1c	M0	C	C2
	T2-T3	N2a	M0	C	C1/C2
	T1-T2	N2b	M0	C	C1
❑ IIIC	T4a	N2a	M0	C	C2
	T3-T4a	N2b	M0	C	C2
	T4b	N1-N2	M0	C	C3
❑ IVA	Any T	Any N	M1a	-	-
❑ IVB	Any T	Any N	M1b	-	-

*Dukes B is a composite of better (T3 N0 M0) and worse (T4 N0 M0) prognostic groups, as is Dukes C (Any TN1 M0 and Any T N2 M0). MAC is the modified Astler-Coller classification.

❑ Stage unknown

PATHOLOGIC

GROUP	T	N	M	Dukes*	MAC*
❑ 0	Tis	N0	M0	-	-
❑ I	T1	N0	M0	A	A
	T2	N0	M0	A	B1
❑ IIA	T3	N0	M0	B	B2
❑ IIB	T4a	N0	M0	B	B2
❑ IIC	T4b	N0	M0	B	B3
❑ IIIA	T1-T2	N1/N1c	M0	C	C1
	T1	N2a	M0	C	C1
❑ IIIB	T3-T4a	N1/N1c	M0	C	C2
	T2-T3	N2a	M0	C	C1/C2
	T1-T2	N2b	M0	C	C1
❑ IIIC	T4a	N2a	M0	C	C2
	T3-T4a	N2b	M0	C	C2
	T4b	N1-N2	M0	C	C3
❑ IVA	Any T	Any N	M1a	-	-
❑ IVB	Any T	Any N	M1b	-	-

*Dukes B is a composite of better (T3 N0 M0) and worse (T4 N0 M0) prognostic groups, as is Dukes C (Any TN1 M0 and Any T N2 M0). MAC is the modified Astler-Coller classification.

❑ Stage unknown

PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)

REQUIRED FOR STAGING: None

CLINICALLY SIGNIFICANT:

Pre-operative or pre-treatment carcinoembryonic antigen (CEA) ng/ml _____
Tumor Deposits (TD) _____
Circumferential Resection Margin (CRM) _____
Perineural Invasion (PN) _____
Microsatellite Instability (MSI) _____
Tumor Regression Grade (with neoadjuvant therapy) _____
KRAS gene analysis _____
18q loss of heterozygosity (LOH) assay _____

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

Grading system	*Grade*
❑ 2 grade system	❑ Grade I or 1
❑ 3 grade system	❑ Grade II or 2
❑ 4 grade system	❑ Grade III or 3
❑ No 2, 3, or 4 grade system is available	❑ Grade IV or 4

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.

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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

General Notes (continued):

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.

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

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

_____

_____

Physician signature Date/Time

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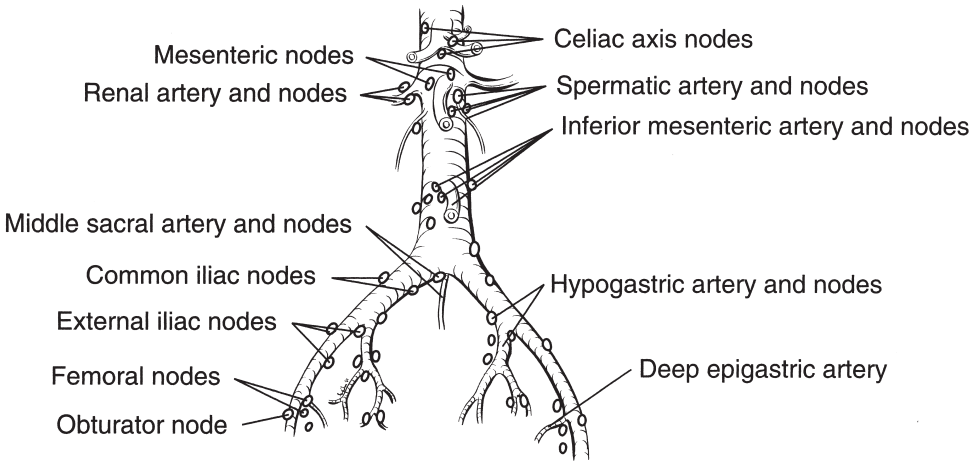
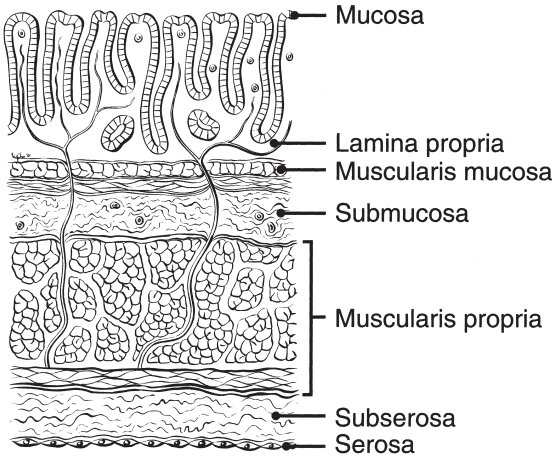
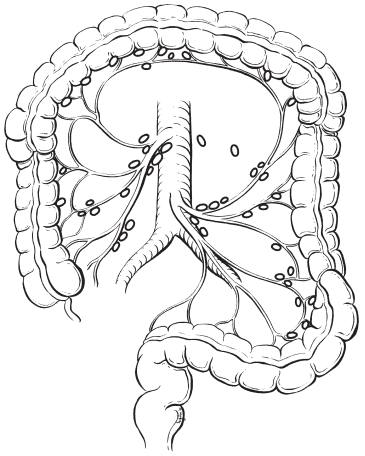
Illustration

Indicate on diagram primary tumor and regional nodes involved.







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