Data Form for Cancer Staging

ANUS STAGING FORM

### Clinical Extent of Disease before any treatment
- □ y clinical-staging completed after neoadjuvant therapy but before subsequent surgery

<table>
<thead>
<tr>
<th>Stage Category Definitions</th>
<th>Pathologic Extent of disease through completion of definitive surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tumor size: _________</td>
<td>□ y pathologic -staging completed after neoadjuvant therapy AND subsequent surgery</td>
</tr>
</tbody>
</table>

#### PRIMARY TUMOR (T)
- □ TX Primary tumor cannot be assessed
- □ T0 No evidence of primary tumor
- □ Tis Carcinoma in situ (Bowen's disease, High-grade Squamous Intraepithelial Lesion (HSIL), Anal Intraepithelial Neoplasia II-III (AIN II-III))
- □ T1 Tumor 2 cm or less in greatest dimension
- □ T2 Tumor more than 2 cm but not more than 5 cm in greatest dimension
- □ T3 Tumor more than 5 cm in greatest dimension
- □ T4 Tumor of any size invades adjacent organ(s), e.g., vagina, urethra, bladder*

*Direct invasion of the rectal wall, perirectal skin, subcutaneous tissue, or the sphincter muscle(s) is not classified as T4.

#### REGIONAL LYMPH NODES (N)
- □ NX Regional lymph nodes cannot be assessed
- □ N0 No regional lymph node metastasis
- □ N1 Metastasis in perirectal lymph node(s)
- □ N2 Metastasis in unilateral internal iliac and/or inguinal lymph node(s)
- □ N3 Metastasis in perirectal and inguinal lymph nodes and/or bilateral internal iliac and/or inguinal lymph nodes

#### DISTANT METASTASIS (M)
- □ M0 No distant metastasis (no pathologic M0; use clinical M to complete stage group)
- □ M1 Distant metastasis

### Anatomic Stage + Prognostic Groups

**ANATOMIC STAGE**

<table>
<thead>
<tr>
<th>GROUP</th>
<th>T</th>
<th>N</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Tis</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>I</td>
<td>T1</td>
<td>N0</td>
<td>M0</td>
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<tr>
<td>II</td>
<td>T2</td>
<td>N0</td>
<td>M0</td>
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<tr>
<td></td>
<td>T3</td>
<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>IIIA</td>
<td>T1</td>
<td>N1</td>
<td>M0</td>
</tr>
<tr>
<td></td>
<td>T2</td>
<td>N1</td>
<td>M0</td>
</tr>
<tr>
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<td>N1</td>
<td>M0</td>
</tr>
<tr>
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<td>N0</td>
<td>M0</td>
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<td>IIIB</td>
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<td>N3</td>
<td>M0</td>
</tr>
<tr>
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<td>Any T</td>
<td>Any N</td>
<td>M1</td>
</tr>
<tr>
<td>Stage unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PROGNOSTIC FACTORS (SITE-SPECIFIC FACTORS)**

- REQUIRED FOR STAGING: None
- CLINICALLY SIGNIFICANT: HPV Status _________

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

- 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**

- Lymph-Vascular 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):**

- 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 ypTNM 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 a 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):

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**Physician signature**  
**Date/Time**
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Illustration
Indicate on diagram primary tumor and regional nodes involved.

1. Transitional epithelium
2. Squamous epithelium devoid of hair and glands (not skin)