**COLON/RECTUM STAGING FORM**

<table>
<thead>
<tr>
<th>Clinical Extent of Disease before any treatment</th>
<th>Stage Category Definitions</th>
<th>Pathologic Extent of disease through completion of definitive surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ y clinical-staging completed after neoadjuvant therapy but before subsequent surgery</td>
<td>Tumor size: _________</td>
<td>☐ y pathologic -staging completed after neoadjuvant therapy AND subsequent surgery</td>
</tr>
<tr>
<td>☐ □</td>
<td>Laterality □Left □Right □Bilateral</td>
<td></td>
</tr>
</tbody>
</table>

**PRIMARY TUMOR (T)**

- T0: No evidence of primary tumor
- T1a: Carcinoma in situ; intraepithelial or invasion of lamina propria*
- T1: Tumor invades submucosa
- T2: Tumor invades muscularis propria
- T3: Tumor invades through the muscularis propria into perirectal tissues
- T4a: Tumor penetrates to the surface of the visceral peritoneum**
- T4b: 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 propia (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 adhesions, 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 perirectal invasion.

**REGIONAL LYMPH NODES (N)**

- NX: Regional lymph nodes cannot be assessed
- N0: No regional lymph node metastasis
- N1: Metastasis in 1 to 3 regional lymph nodes
- N1a: Metastasis in 1 regional lymph node
- N1b: Metastasis in 2-3 regional lymph nodes
- N1c: Metastasis in 4 or more regional lymph nodes
- N1e: Metastasis in mesoappendix, lymph nodes not otherwise classified
- N2: Metastasis in 4 or more regional lymph nodes
- N2a: Metastasis in 4 to 6 regional lymph nodes
- N2b: Metastasis in 7 or more regional lymph nodes

Note: A satellite peritoneal nodule in the perirectal adipose tissue of a primary carcinosarcoma without histologic evidence of residual lymph node in the nodule may represent discontinuous spread. Venous invasion with extramural spread (V1,C) or with 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).
Data Form for Cancer Staging

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ANATOMIC STAGE • PROGNOSTIC GROUPS

<table>
<thead>
<tr>
<th>GROUP</th>
<th>T</th>
<th>N</th>
<th>M</th>
<th>Dukes*</th>
<th>MAC*</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Ts</td>
<td>N0</td>
<td>M0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>T1</td>
<td>N0</td>
<td>M0</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>II</td>
<td>T3</td>
<td>N0</td>
<td>M0</td>
<td>B</td>
<td>B</td>
</tr>
<tr>
<td>IIa</td>
<td>T4a</td>
<td>N0</td>
<td>M0</td>
<td></td>
<td>B2</td>
</tr>
<tr>
<td>IIb</td>
<td>T4b</td>
<td>N0</td>
<td>M0</td>
<td>B</td>
<td>B3</td>
</tr>
<tr>
<td>IIIa</td>
<td>T1-T2</td>
<td>N1/N1c</td>
<td>M0</td>
<td>C</td>
<td>C1</td>
</tr>
<tr>
<td>IIIb</td>
<td>T1-T2</td>
<td>N2a</td>
<td>M0</td>
<td>C</td>
<td>C1</td>
</tr>
<tr>
<td>IIIc</td>
<td>T3-T4a</td>
<td>N1/N1c</td>
<td>M0</td>
<td>C</td>
<td>C2</td>
</tr>
<tr>
<td>IVa</td>
<td>Any T</td>
<td>Any N</td>
<td>M1a</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>IVB</td>
<td>Any T</td>
<td>Any N</td>
<td>M1b</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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 Dukes-C FIGO 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 Regrowth Grade (with neoadjuvant therapy)
- KRAS gene analysis
- 18q loss of heterozygosity (LOH) assay

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

General Notes:
For identification of special cases of TNM or pTNM classifications, the "m" suffix and "y," "t," 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(mN)m.

"y" prefix indicates those cases in which classification is performed during or following initial multimodality therapy. The oTNM or pTNM category is identified by a "y" prefix. The yoTNM 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.
noadjuvant 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

Form No: MR0033

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Illustration
Indicate on diagram primary tumor and regional nodes involved.

Mucosa
Lamina propria
Muscularis mucosa
Submucosa
Muscularis propria
Subserosa
Serosa
Mucosa
Celiac axis nodes
Renal artery and nodes
Spermatic artery and nodes
Inferior mesenteric artery and nodes
Middle sacral artery and nodes
Common iliac nodes
External iliac nodes
Femoral nodes
Obturator node
Deep epigastric artery

NAME: ___________________________  MRN: ___________________________