<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>
</tbody>
</table>

### PRIMARY TUMOR (T)

- **Stomach**
  - TX: Primary tumor cannot be assessed
  - T0: No evidence of primary tumor
  - T1a: Carcinoma in situ (tumor size <0.5mm), confined to mucosa
  - T1b: Tumor invades lamina propria or submucosa and ≤1cm in size
  - T2: Tumor invades muscularis propria or >1cm in size
  - T3: Tumor invades serosa or other organs or adjacent structures
  - For any T, add (m) for multiple tumors

- **Duodenum/Ampulla/Jejunum/Ileum**
  - TX: Primary tumor cannot be assessed
  - T0: No evidence of primary tumor
  - T1: Tumor invades lamina propria or submucosa and size ≤1 cm (small intestinal tumors); tumor ≤1 cm (ampullary tumors)
  - T2: Tumor invades muscularis propria or size >1 cm (small intestinal tumors); tumor >1 cm (ampullary tumors)
  - T3: Tumor invades through the muscularis propria into subserosal tissue without penetration of crenulating serosa (jejunal or ileal tumors) or invades pancreas or retroperitoneum (ampullary or duodenal tumors) or into non-peritonealized tissues.
  - T4: Tumor invades visceral peritoneum (serosa) or invades other organs
  - For any T, add (m) for multiple tumors
  - *Tumor limited to ampulla of Vater for ampullary ganglionic parangangioma

- **Colon or Rectum**
  - TX: Primary tumor cannot be assessed
  - T0: No evidence of primary tumor
  - T1: Tumor invades lamina propria or submucosa and size ≤2 cm
  - T1a: Tumor size ≤1 cm in greatest dimension
  - T1b: Tumor size 1 to 2 cm in greatest dimension
  - T2: Tumor invades muscularis propria or size >2 cm with invasion of lamina propria or submucosa
  - T3: Tumor invades through the muscularis propria into the subserosa, or into non-peritonealized pericolic or perirectal tissues
  - T4: Tumor invades peritoneum or other organs
  - For any T, add (m) for multiple tumors

### REGIONAL LYMPH NODES (N)

- **Stomach**
  - NX: Regional lymph nodes cannot be assessed
  - N0: No regional lymph node metastasis
  - N1: Regional lymph node metastasis
Data Form for Cancer Staging

**NEUROENDOCRINE TUMOR STAGING FORM**

<table>
<thead>
<tr>
<th>Anatomic Stage</th>
<th>Prognostic Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLINICAL</strong></td>
<td><strong>PATHOLOGIC</strong></td>
</tr>
<tr>
<td>GROUP</td>
<td>T</td>
</tr>
<tr>
<td>0</td>
<td>Tis*</td>
</tr>
<tr>
<td>I</td>
<td>T1</td>
</tr>
<tr>
<td>IIbn</td>
<td>T2</td>
</tr>
<tr>
<td>IIIbn</td>
<td>T4</td>
</tr>
<tr>
<td>IVb</td>
<td>Any T</td>
</tr>
<tr>
<td>Stage unknown</td>
<td></td>
</tr>
</tbody>
</table>

*Note: Tis applies only to stomach.*

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

**REQUIRED FOR STAGING:** None

**CLINICALLY SIGNIFICANT:**
- Pre-operative plasma chromogranin A level (CgA)
- Urinary 5-hydroxyindolacetic acid (5-HIAA) level
- Mitotic count

**Histologic Grade (G)** (also known as overall grade)
- **Grading system**
  - 2 grade system
  - 3 grade system
  - No 2 or 3 grade system is available

**Grade**
- Grade I or 1
- Grade II or 2
- Grade III or 3

**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.

The "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.
DATA FORM FOR CANCER STAGING

NEUROENDOCRINE TUMOR STAGING FORM

| 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):**

- The ypTNM or ypTNM categorizes the extent of tumor actually present at the time of that examination. The "yp" 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): ____________

- Physician signature: ____________  Date/Time: ____________

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