# SMALL INTESTINE STAGING FORM

<table>
<thead>
<tr>
<th>Clinical Extent of Disease before any treatment</th>
<th>Stage Category Definitions</th>
<th>Pathologic Extent of disease during and from 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)

- **T0**: No evidence of primary tumor
- **T1**: Carcinoma in situ
- **T1a**: Tumor invades lamina propria
- **T1b**: Tumor invades submucosa
- **T2**: Tumor invades muscularis propria
- **T3**: Tumor invades through the muscularis propria into the subserosa or into the nonperitonealized perimuscular tissue (mesentery or retroperitoneum) with extension 2 cm or less
- **T4**: 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 jejenum and ileum, part of the mesentery and, for duodenum in areas where serosa is lacking, part of the interface with the pancreas.*

## 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
- **N2**: Metastasis in 4 or more regional lymph nodes

## DISTANT METASTASIS (M)

- **M0**: No distant metastasis (no pathological M0; use clinical M to complete stage group) Distant metastasis

## ANATOMIC STAGE + PROGNOSTIC GROUPS

<table>
<thead>
<tr>
<th>GROUP</th>
<th>CLINICAL</th>
<th>PATHOLOGIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>T0</td>
<td>T0</td>
</tr>
<tr>
<td>1</td>
<td>T1</td>
<td>T1</td>
</tr>
<tr>
<td>IIA</td>
<td>T3</td>
<td>T3</td>
</tr>
<tr>
<td>IIB</td>
<td>T4</td>
<td>T4</td>
</tr>
<tr>
<td>IIIA</td>
<td>Any T</td>
<td>Any T</td>
</tr>
<tr>
<td>IIIIB</td>
<td>Any T</td>
<td>Any T</td>
</tr>
<tr>
<td>IV</td>
<td>Any T</td>
<td>Any T</td>
</tr>
<tr>
<td>Stage unknown</td>
<td>Stage unknown</td>
<td>Stage unknown</td>
</tr>
</tbody>
</table>
**Data Form for Cancer Staging**

**SMALL INTESTINE STAGING FORM**

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

**REQUIRED FOR STAGING:** None

**CLINICALLY SIGNIFICANT:**
- Pre-surgical Carinoembryonic Antigen (CEA):
- Microsatellite Instability (MSI):
- Presence of Crohn’s Disease:

<table>
<thead>
<tr>
<th>Histologic Grade (G) (also known as overall grade)</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 2 grade system</td>
<td>☐ Grade I or 1</td>
</tr>
<tr>
<td>☐ 3 grade system</td>
<td>☐ Grade II or 2</td>
</tr>
<tr>
<td>☐ 4 grade system</td>
<td>☐ Grade III or 3</td>
</tr>
<tr>
<td>☐ No 2, 3, or 4 grade system is available</td>
<td>☐ Grade IV or 4</td>
</tr>
</tbody>
</table>

**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:**

For identification of special cases of T(N,M) or pT(N,M) classifications, the "m" suffix and "x", "y", and "z" prefixes are used. Although they do not affect the stage grouping, they indicate cases needing separate analysis.

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

A y prefix indicates those cases in which classification is performed during or following initial multimodality therapy. The cT(N)M or pT(N)M category is identified by a "y" prefix. The ypT(N)M or y(p)T(N)M 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.

A r prefix indicates a recurrent tumor when staged after a disease-free interval, and is identified by the "r" prefix: rT(N)M.

A a prefix designates the stage determined at autopsy: aT(N)M.

**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):

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**Physician signature**

**Date/Time**