


**COLON AND RECTUM**

**Hospital Name/Address**



**Presbyterian  
Hospital of Dallas**  
Texas Health Resources  
8200 Walnut Hill Lane   
Dallas, Texas 75231

**Patient Name/Information**

Patient name \_\_\_\_\_   
  
 Medical Record # \_\_\_\_\_   
  
 Date of Classification \_\_\_\_\_

Type of Specimen \_\_\_\_\_  
 Tumor Size \_\_\_\_\_

Histopathologic Type \_\_\_\_\_

**DEFINITIONS**

<i>Clinical</i>	<i>Pathologic</i>	<b>Primary Tumor (T)</b>	
<input type="checkbox"/>	<input type="checkbox"/>	TX	Primary tumor cannot be assessed
<input type="checkbox"/>	<input type="checkbox"/>	T0	No evidence of primary tumor
<input type="checkbox"/>	<input type="checkbox"/>	Tis	Carcinoma <i>in situ</i> : intraepithelial or invasion of lamina propria <sup>(1-3)</sup>
<input type="checkbox"/>	<input type="checkbox"/>	T1	Tumor invades submucosa
<input type="checkbox"/>	<input type="checkbox"/>	T2	Tumor invades muscularis propria
<input type="checkbox"/>	<input type="checkbox"/>	T3	Tumor invades through the muscularis propria into the subserosa, or into non-peritonealized pericolic or perirectal tissues
<input type="checkbox"/>	<input type="checkbox"/>	T4	Tumor directly invades other organs or structures, and/or perforates visceral peritoneum <sup>(2-3)</sup>

<i>Clinical</i>	<i>Pathologic</i>	<b>Regional Lymph Nodes (N)</b>	
<input type="checkbox"/>	<input type="checkbox"/>	NX	Regional lymph nodes cannot be assessed <sup>(4)</sup>
<input type="checkbox"/>	<input type="checkbox"/>	N0	No regional lymph node metastasis
<input type="checkbox"/>	<input type="checkbox"/>	N1	Metastasis in 1 to 3 regional lymph nodes
<input type="checkbox"/>	<input type="checkbox"/>	N2	Metastasis in 4 or more regional lymph nodes

Total nodes examined = \_\_\_\_\_

<i>Clinical</i>	<i>Pathologic</i>	<b>Distant Metastasis (M)</b>	
<input type="checkbox"/>	<input type="checkbox"/>	MX	Distant metastasis cannot be assessed
<input type="checkbox"/>	<input type="checkbox"/>	M0	No distant metastasis
<input type="checkbox"/>	<input type="checkbox"/>	M1	Distant metastasis

Biopsy of metastatic site performed..... Y..... N  
 Source of pathologic metastatic specimen \_\_\_\_\_

**Stage Grouping**

<i>Stage</i>	<i>T</i>	<i>N</i>	<i>M</i>	<i>Dukes</i>	<i>MAC</i>		
<input type="checkbox"/>	<input type="checkbox"/>	0	Tis	N0	M0	-	-
<input type="checkbox"/>	<input type="checkbox"/>	I	T1	N0	M0	A	A
<input type="checkbox"/>	<input type="checkbox"/>	IIA	T2	N0	M0	A	B1
<input type="checkbox"/>	<input type="checkbox"/>	IIB	T3	N0	M0	B	B2
<input type="checkbox"/>	<input type="checkbox"/>	IIIA	T4	N0	M0	B	B3
<input type="checkbox"/>	<input type="checkbox"/>	IIIB	T1-T2	N1	M0	C	C1
<input type="checkbox"/>	<input type="checkbox"/>	IIIC	T3-T4	N1	M0	C	C2/C3
<input type="checkbox"/>	<input type="checkbox"/>	IIIC	Any T	N2	M0	C	C1/C2/C/3
<input type="checkbox"/>	<input type="checkbox"/>	IV	Any T	Any N	M1	-	D

**Notes**

- Tis includes cancer cells confined within the glandular basement membrane (intraepithelial) or lamina propria (intramucosal) with no extension through the muscularis mucosae into the submucosa.
- Direct invasion in T4 includes invasion of other segments of the colorectum by way of the serosa; for example, invasion of the sigmoid colon by a carcinoma of the cecum.
- Tumor that is adherent to other organs or structures, macroscopically, is classified T4. However, if no tumor is present in the adhesion, microscopically, the classification should be pT3. The V and L substaging should be used to identify the presence or absence of vascular or lymphatic invasion.
- A tumor nodule in the pericolicorectal adipose tissue of a primary carcinoma without histologic evidence of residual lymph node in the nodule is classified in the pN category as a regional lymph node metastasis if the nodule has the form and smooth contour of a lymph node. If the nodule has an irregular contour, it should be classified in the T category and also coded as V1 (microscopic venous invasion) or as V2 (if it was grossly evident), because there is a strong likelihood that it represents venous invasion.

**Histologic Grade (G)**

- GX Grade cannot be assessed
- G1 Well differentiated
- G2 Moderately differentiated
- G3 Poorly differentiated
- G4 Undifferentiated

**Residual Tumor (R)**

- R0 Complete resection, margins histologically negative, no residual tumor left after resection
- R1 Incomplete resection, margins histologically involved, microscopic tumor remains after resection of gross disease
- R2 Incomplete resection, margins involved or gross disease remains after subtotal resection

**Additional Descriptors**

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.
- 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.

**Prognostic Indicators**

For CRC

CEA level: \_\_\_\_\_ ng/ml

**Notes****Additional Descriptors****Lymphatic Vessel Invasion (L)**

LX Lymphatic vessel invasion cannot be assessed

L0 No lymphatic vessel invasion

L1 Lymphatic vessel invasion

**Venous Invasion (V)**

VX Venous invasion cannot be assessed

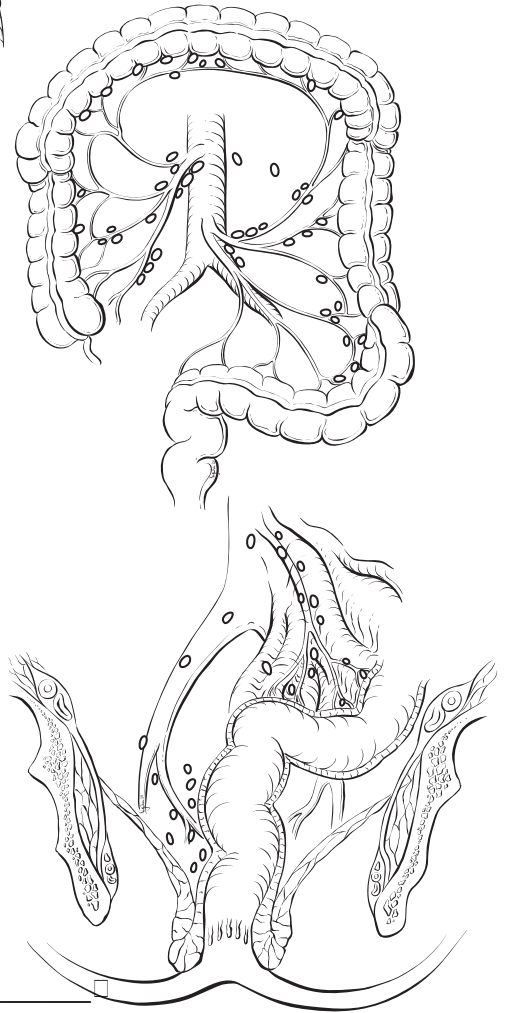
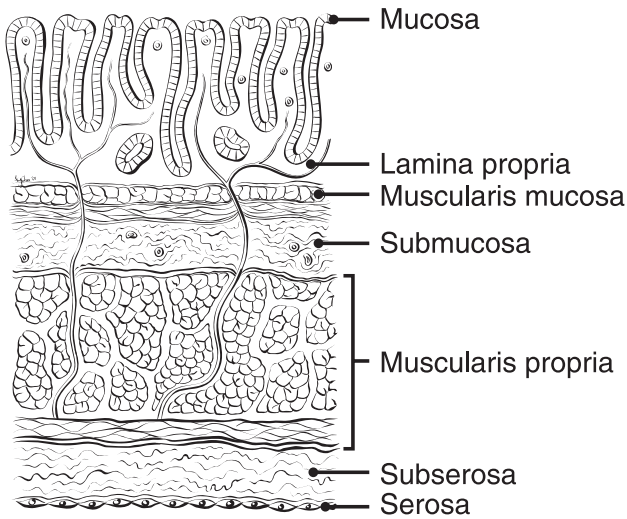
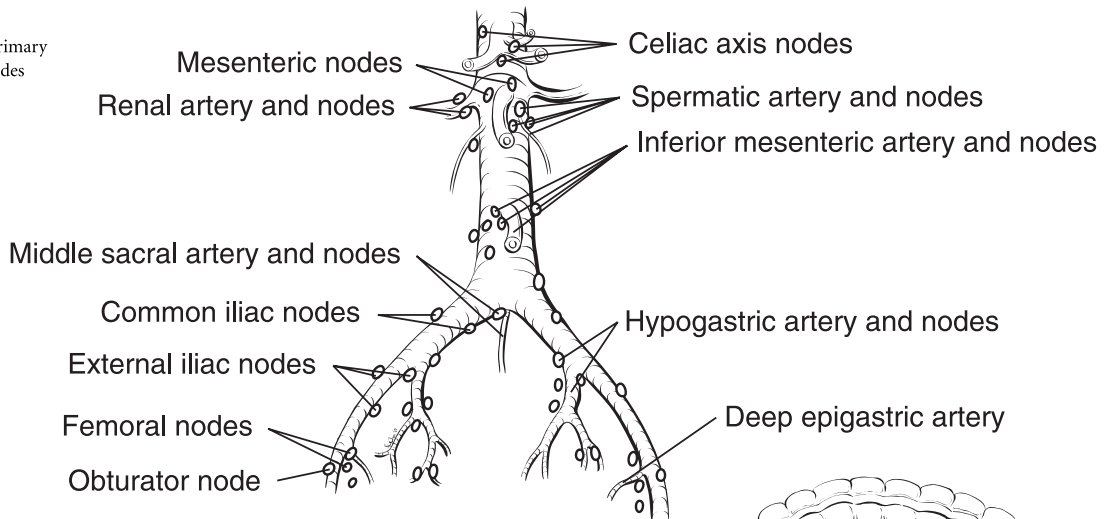
V0 No venous invasion

V1 Microscopic venous invasion

V2 Macroscopic venous invasion

**ILLUSTRATION**

Indicate on diagram primary tumor and regional nodes involved.



Staging Support Request:

Please fax staging form to my office for completion at fax # \_\_\_\_\_

Please assign staging form to Dr. \_\_\_\_\_

I am unable to stage at this time because workup is incomplete. Please return chart to me in 60 days.

Physician initials \_\_\_\_\_ Date \_\_\_\_\_

Staging Summary: T \_\_\_\_\_ N \_\_\_\_\_ M \_\_\_\_\_ Stage Group \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_