

# ANAL CANAL

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 ☐

Histopathologic Type ☐

Tumor Size ☐

## DEFINITIONS

| Clinical                 | Pathologic               | Primary Tumor (T)                                                                             |
|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------|
| <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>                                                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | T1 Tumor 2 cm or less in greatest dimension                                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | T2 Tumor more than 2 cm but not more than 5 cm in greatest dimension                          |
| <input type="checkbox"/> | <input type="checkbox"/> | T3 Tumor more than 5 cm in greatest dimension                                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | T4 Tumor of any size invades adjacent organ(s), e.g., vagina, urethra, bladder <sup>(1)</sup> |

## Notes

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

|                          |                          | Regional Lymph Nodes (N)                                                                                         |
|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | NX Regional lymph nodes cannot be assessed                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | N0 No regional lymph node metastasis                                                                             |
| <input type="checkbox"/> | <input type="checkbox"/> | N1 Metastasis in perirectal lymph node(s)                                                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | N2 Metastasis in unilateral internal iliac and/or inguinal lymph node(s)                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | N3 Metastasis in perirectal and inguinal lymph nodes and/or bilateral internal iliac and/or inguinal lymph nodes |

|                          |                          | Distant Metastasis (M)                                                                              |
|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|
| <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..... <input type="checkbox"/> Y..... <input type="checkbox"/> N |
|                          |                          | Source of pathologic metastatic specimen <input type="checkbox"/>                                   |

|                          |                          | Stage Grouping    |
|--------------------------|--------------------------|-------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 0 Tis N0 M0       |
| <input type="checkbox"/> | <input type="checkbox"/> | I T1 N0 M0        |
| <input type="checkbox"/> | <input type="checkbox"/> | II T2 N0 M0       |
|                          |                          | T3 N0 M0          |
| <input type="checkbox"/> | <input type="checkbox"/> | IIIA T1 N1 M0     |
|                          |                          | T2 N1 M0          |
|                          |                          | T3 N1 M0          |
|                          |                          | T4 N0 M0          |
| <input type="checkbox"/> | <input type="checkbox"/> | IIIB T4 N1 M0     |
|                          |                          | Any T N2 M0       |
|                          |                          | Any T N3 M0       |
| <input type="checkbox"/> | <input type="checkbox"/> | IV Any T Any N M1 |

**Histologic Grade (G)**

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

**Residual Tumor (R)**

- ☐ RX Presence of residual tumor cannot be assessed
- ☐ R0 No residual tumor
- ☐ R1 Microscopic residual tumor
- ☐ R2 Macroscopic residual tumor

**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**

Poor histologic grade or histologic types that are categorized by convention as high-grade, such as small cell carcinoma, have been shown to be adverse prognostic factors.

**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 \_\_\_\_\_