



CARCINOMA OF THE APPENDIX STAGING DIAGRAM

<input type="checkbox"/> New	<input type="checkbox"/> Recurrent Disease	<input type="checkbox"/> Referred for Follow up
Referred as part of definitive treatment (initial treatment of disease).	Definitive treatment already received. Referred at recurrence. Staged at initial diagnosis.	Previously treated and followed elsewhere before referral. Staged at initial diagnosis.

TNM 2009 Clinical/Radiological	_____*	T	X	0	<i>is</i>	1	2	3	4	4a	4b
		N	X	0		1	2				
		M		0		1	1a	<input type="checkbox"/> Intraperitoneal Only			
						1	1b	<input type="checkbox"/> Extraperitoneal Mets			

TNM 2009 Pathological	_____*	T	X	0	<i>is</i>	1	2	3	4	4a	4b
		N	X	0		1	2				
		M				1	1a	<input type="checkbox"/> Intraperitoneal mets			
						1	1b	<input type="checkbox"/> Non-peritoneal mets			

*Prefix Y: Identifies cases in which staging was performed during or following initial multimodal therapy. i.e.: preoperative radiation or chemo/radiation

Primary Tumour Resected	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	Perineural Invasion	<input type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Primary Tumour Complication	<input type="checkbox"/> None <input type="checkbox"/> Obstruction <input type="checkbox"/> Perforation <input type="checkbox"/> Both <input type="checkbox"/> Unknown	Lymphatic Invasion	<input type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Residual Tumour (see reverse)	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Unknown	Vascular Invasion	<input type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
# Nodes Removed	<input type="checkbox"/> _____ <input type="checkbox"/> None <input type="checkbox"/> N/A <input type="checkbox"/> Unknown	Preoperative CEA	<input type="checkbox"/> _____ <input type="checkbox"/> Not Done <input type="checkbox"/> Unknown

Completed by: _____ Date: _____ (dd/mm/yy)

Diagnosis/Stage Amended to: _____

Reason: _____

By: _____ Date: _____ (dd/mm/yy)

NOTIFY DATA QUALITY & REGISTRY IF STAGE/DIAGNOSIS IS AMENDED

CARCINOMA OF THE APPENDIX STAGING DIAGRAM

AJCC 7th Edition for Diagnosis Date \geq 01 January 2010

Definitions for T, N, and M Descriptors

PRIMARY TUMOR (T)

TX	Primary tumour cannot be assessed
T0	No evidence of primary tumour
Tis	Carcinoma in situ: intraepithelial or invasion of lamina propria ¹
T1	Tumour invades submucosa
T2	Tumour invades muscularis propria
T3	Tumour invades subserosa, non-peritonealized periappendiceal tissues, or mesoappendix
T4	Tumour perforates visceral peritoneum, including mucinous peritoneal tumour within the right lower quadrant and/or directly invades other organs or structures ^{2,3}
T4a	Tumour perforates visceral peritoneum, including mucinous peritoneal tumour within the right lower quadrant
T4b	Tumour directly invades other organs or structures ^{2,3}

Note¹: Tis includes cancer cells confined within the glandular basement membrane (intraepithelial) or lamina propria (intramucosal) with no extension through muscularis mucosae into submucosa.

Note²: Direct invasion in T4 includes invasion of other intestinal segments by way of the serosa, e.g. invasion of ileum.

Note³: Tumour that is adherent to other organs or structures, macroscopically, is classified cT4b. However, if no tumour is present in the adhesion, microscopically, the classification should be pT1, 2, or 3, depending on the anatomical depth of wall invasion.

REGIONAL LYMPH NODES (N) (Ileocolic)¹

NX	Regional lymph nodes cannot be assessed
N0	No regional lymph node metastasis ²
N1	Metastasis in 1 - 3 regional lymph nodes
N2	Metastasis in 4 or more regional lymph nodes

Note¹: A satellite peritumoural nodule in the periappendiceal adipose tissue of a primary carcinoma without histological evidence of residual lymph node in the nodule may represent discontinuous spread (T3), venous invasion with extravascular spread (T3, V1/2) or a totally replaced lymph node (N1/2).

Note²: Histological examination of a regional lymphadenectomy specimen will ordinarily include 12 or more lymph nodes. If the lymph nodes are negative, but the number ordinarily examined is not met, classify as pN0.

DISTANT METASTASIS (M)

M0	No distant metastasis (only applicable for clinical staging – i.e. if a cM1 is biopsied and is negative, it becomes cM0, not pM0)
M1	Distant metastasis
M1a	Intraperitoneal metastasis beyond the right lower quadrant, including pseudomyxoma peritonei
M1b	Non-peritoneal metastasis

RESIDUAL TUMOUR (R)

0	Complete resection, margins histologically negative, no residual tumour left after resection
1	Incomplete resection, microscopic tumor at or within \leq 1 mm of any margin
2	Incomplete resection, margins macroscopically or grossly involved or gross disease remains after resection
9	Unknown

As with colon, staging is based on depth of invasion.

Goblet cell carcinoids are classified according to the carcinoma schema.

Separate mucinous from non-mucinous carcinomas (grading is of particular importance for mucinous tumours).

Histopathological Grading		
GX	Grade of Differentiation Cannot be Assessed	
G1	Well Differentiated	Mucinous Low Grade
G2	Moderately Differentiated	Mucinous High Grade
G3	Poorly Differentiated	Mucinous High Grade
G4	Undifferentiated	