



CARCINOMA OF THE COLON STAGING DIAGRAM

SITE: Ascending Colon Cecum Colon, NOS Descending Colon
 Hepatic Flexure of Colon Overlapping Lesion Sigmoid Colon Splenic Flexure of Colon
 Transverse Colon

Appendix and Carcinoid/Neuroendocrine histology use separate staging diagram

HISTOLOGY: _____

| <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. |

Cancer Detected by Screening: Yes No Unknown

TNM 2009 _____ * **T** X 0 *is* 1 2 3 4
Clinical/ **N** X 0 1 2
Radiological **M** 0 1 1a 1b Site(s): Liver Lung
 Distant Nodal
 Other _____

TNM 2009 _____ * **T** X 0 *is* 1 2 3 4 4a 4b
Pathological **N** X 0 0i+ 1 1mi 1a 1b 1c 2 2a 2b
M 1 1a 1b Site(s): Liver Lung
 Distant Nodal
 Other _____

*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"/> Yes <input type="checkbox"/> No <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 |
| # Nodes Positive | <input type="checkbox"/> _____ <input type="checkbox"/> None <input type="checkbox"/> N/A <input type="checkbox"/> Unknown | MSI Status | <input type="checkbox"/> Not Done <input type="checkbox"/> Low <input type="checkbox"/> High <input type="checkbox"/> Unknown |
| Synchronous CRC Cancer | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Evaluated If Yes, please complete separate staging diagram | Differentiation | <input type="checkbox"/> Well <input type="checkbox"/> Moderate <input type="checkbox"/> Poorly <input type="checkbox"/> Undifferentiated/Anaplastic |

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 COLON 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 <i>in situ</i> ; intraepithelial or invasion of lamina propria ¹ |
| T1 | Tumour invades submucosa |
| T2 | Tumour invades muscularis propria |
| T3 | Tumour invades through the muscularis propria into the subserosa, or into non-peritonealized pericolic or perirectal tissues |
| T4 | Tumour directly invades other organs or structures and/or perforates visceral peritoneum |
| T4a | Tumour perforates visceral peritoneum ⁴ |
| T4b | Tumour directly invades or is adherent to other organs or structures ^{2, 3} |

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

Note²: Direct invasion in T4b includes invasion of other organs or segments of the colorectum by way of the serosa or mesocolon (e.g. invasion of the sigmoid colon by a carcinoma of the cecum), as confirmed on microscopic examination or for tumours in a retroperitoneal or subperitoneal location, direct invasion of other organs or structures by virtue of extension beyond the muscularis propria.

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

Note⁴: Visceral peritoneal (serosal) involvement by tumour cells is indicated by the following findings:

- Tumour present at the serosal surface with inflammatory reaction, mesothelial hyperplasia and/or erosion/ulceration
- Free tumour cells on the serosal surface (in the peritoneum) with underlying ulceration of the visceral peritoneum

REGIONAL LYMPH NODES (N) – see notes below re: mesenteric nodules & site-specific regional nodes

| | |
|------|--|
| NX | Regional lymph nodes cannot be assessed |
| N0 | No regional lymph node metastasis (histological examination of a regional lymphadenectomy will ordinarily include 12 or more lymph nodes) |
| N0i+ | No regional lymph node metastasis histologically, positive morphological findings for ITC |
| N1 | Metastasis in 1-3 regional lymph nodes |
| N1mi | Micrometastasis only, i.e. no metastasis larger than 0.2 cm |
| N1a | Metastasis in 1 regional lymph node |
| N1b | Metastasis in 2 to 3 regional lymph nodes |
| N1c | Tumour deposit(s), i.e. satellites, in the subserosa, or in non-peritonealized pericolic or perirectal soft tissue without regional lymph node metastasis (see note below re: mesenteric nodules/deposits) |
| N2 | Metastasis in 4 or more regional lymph nodes |
| N2a | Metastasis in 4 to 6 regional lymph nodes |
| N2b | Metastasis in 7 or more regional lymph nodes |

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 | Distant metastasis confined to a single organ or site (e.g. liver, lung, ovary, non-regional lymph node(s)) |
| M1b | Distant metastasis to more than one organ/site or to the peritoneum (see note below re: mesenteric nodules/deposits) |

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 |

VASCULAR INVATION (V) – please see note re: Mesenteric Nodules below

| | |
|---|---------|
| 0 | None |
| 1 | Yes |
| 9 | Unknown |

NOTE: MESENTERIC NODULES/DEPOSITS or TUMOR NODULES/DEPOSITS:

- Tumour deposits (satellites), i.e. macroscopic or microscopic nests or nodules, in the pericorectal adipose tissue's lymph drainage area of a primary carcinoma without histological evidence of residual lymph node in the nodule, may represent discontinuous spread, venous invasion with extravascular spread (V1/2) or a totally replaced lymph node (N1/2). If such deposits are observed with lesions that would otherwise be classified as T1 or T2, then the T classification is not changed, but the nodule(s) is recorded as N1c. Peritumoral deposits or satellite nodules are generally irregularly contoured. If a nodule is considered by the pathologist to be a totally replaced lymph node (generally having a smooth contour), it should be recorded as a positive lymph node and not as a satellite, and each nodule should be counted separately as a lymph node in the final pN determination.
- The V and L substaging should be used to identify the presence or absence of vascular or lymphatic invasion. Vascular Invasion is coded as positive if vascular invasion is microscopically visible (V1) or if vascular invasion is macroscopically or grossly visible (V2).
- Extensive mesenteric disease is coded M1b disease.