

## 20. Colon and Rectum

### 1 Terms of Use

The cancer staging form is a specific document in the patient record; it is not a substitute for documentation of history, physical examination, and staging evaluation, or for documenting treatment plans or follow-up. The staging forms available in conjunction with the *AJCC Cancer Staging Manual, Eighth Edition* may be used by individuals without permission from the ACS or the publisher. They cannot be sold, distributed, published, or incorporated into any software (including any electronic record systems), product, or publication without a written license agreement with ACS. The forms cannot be modified, changed, or updated without the express written permission of ACS.

### 2 Instructions

See Principles of Cancer Staging (Chapter 1) of the *AJCC Cancer Staging Manual, Eighth Edition* for complete staging rules. Always refer to the respective chapter in the Manual for disease-specific rules for classification, as this form is not representative of all rules, exceptions and instructions for this disease.

This form may be used by physicians to record data on T, N, and M categories; prognostic stage groups; additional prognostic factors; cancer grade; and other important information. This form may be useful for recording information in the medical record and for communicating information from physicians to the cancer registrar.

The staging form may be used to document cancer stage at [different points in the patient's care](#) and during the course of therapy, including before therapy begins, after surgery and completion of all staging evaluations, or at the time of recurrence. It is best to use a separate form for each time point staged along the continuum for an individual cancer patient. However, if all time points are recorded on a single form, the staging basis for each element should be identified clearly.

This form may provide more data elements than required for collection by standard setters such as NCI SEER, CDC NPCR, and CoC NCDB.

### 3 Time of Classification (select one):

✓	Classification	Definition
	cTNM or TNM	Clinical Classification: Used for all patients with cancer identified before treatment. It is composed of diagnostic workup information, until first treatment, including clinical history and symptoms, physical examination, imaging, endoscopy, biopsy of the primary site, biopsy or excision of a single regional node or sentinel nodes, or sampling of regional nodes, with clinical T, biopsy of distant metastatic site, surgical exploration without resection, and other relevant examinations
	pTNM	Pathological Classification: Used for patients if surgery is the first definitive therapy. Composed of information from diagnostic workup from clinical staging combined with operative findings, and pathology review of resected surgical specimens
	ycTNM	Posttherapy Clinical Classification: after primary systemic and/or radiation therapy, or after neoadjuvant therapy and before planned surgery. <b>Criteria:</b> First therapy is systemic and/or radiation therapy
	ypTNM	Posttherapy Pathological Classification: Used for staging after neoadjuvant therapy and planned post neoadjuvant therapy surgery. <b>Criteria:</b> First therapy is systemic and/or radiation therapy and is followed by surgery.
	rTNM	Recurrence or Retreatment Classification: Used for assigning stage at time of recurrence or progression until treatment is initiated.
	aTNM	Autopsy Classification: Used for cancers not previously recognized that are found as an incidental finding at autopsy, and not suspected before death (i.e., this classification does not apply if an autopsy is performed in a patient with a previously diagnosed cancer).

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### 4 Definitions of AJCC TNM

Always refer to the specific chapter for explicit instructions on clinical and pathological classification for this disease.

#### 4.1 Definition of Primary Tumor (T)

✓	T Category	T Criteria
	TX	Primary tumor cannot be assessed
	T0	No evidence of primary tumor
	Tis	Carcinoma <i>in situ</i> , intramucosal carcinoma (involvement of lamina propria with no extension through muscularis mucosae)
	T1	Tumor invades the submucosa (through the muscularis mucosa but not into the muscularis propria)
	T2	Tumor invades the muscularis propria
	T3	Tumor invades through the muscularis propria into pericolorectal tissues
	T4	Tumor invades the visceral peritoneum or invades or adheres to adjacent organ or structure
	T4a	Tumor invades through the visceral peritoneum (including gross perforation of the bowel through tumor and continuous invasion of tumor through areas of inflammation to the surface of the visceral peritoneum)
	T4b	Tumor directly invades or adheres to adjacent organs or structures

✓	T Suffix	Definition
	(m)	Select if synchronous primary tumors are found in single organ.

#### 4.2 Definition of Regional Lymph Node (N)

✓	N Category	N Criteria
	NX	Regional lymph nodes cannot be assessed
	N0	No regional lymph node metastasis
	N1	One to three regional lymph nodes are positive (tumor in lymph nodes measuring $\geq 0.2$ mm), or any number of tumor deposits are present and all identifiable lymph nodes are negative
	N1a	One regional lymph node is positive
	N1b	Two or three regional lymph nodes are positive
	N1c	No regional lymph nodes are positive, but there are tumor deposits in the <ul style="list-style-type: none"> <li>• subserosa</li> <li>• mesentery</li> <li>• or nonperitonealized pericolic, or perirectal/mesorectal tissues.</li> </ul>
	N2	Four or more regional nodes are positive
	N2a	Four to six regional lymph nodes are positive
	N2b	Seven or more regional lymph nodes are positive

✓	N Suffix	Definition
	(sn)	Select if regional lymph node metastasis identified by SLN biopsy only.
	(f)	Select if regional lymph node metastasis identified by FNA or core needle biopsy only.

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### 4.3 Definition of Distant Metastasis (M)

The terms pM0 and MX are NOT valid categories in the TNM system. Assignment of the M category for clinical classification may be cM0, cM1, or pM1. Any of the M categories (cM0, cM1, or pM1) may be used with pathological stage grouping.

✓	<i>M Category</i>	<i>M Criteria</i>
	cM0	No distant metastasis by imaging, etc.; no evidence of tumor in distant sites or organs (This category is not assigned by pathologists.)
	cM1	Metastasis to one or more distant sites or organs or peritoneal metastasis is identified
	cM1a	Metastasis to one site or organ is identified without peritoneal metastasis
	cM1b	Metastasis to two or more sites or organs is identified without peritoneal metastasis
	cM1c	Metastasis to the peritoneal surface is identified alone or with other site or organ metastases
	pM1	Metastasis to one or more distant sites or organs or peritoneal metastasis is identified and microscopically confirmed
	pM1a	Metastasis to one site or organ is identified without peritoneal metastasis and microscopically confirmed
	pM1b	Metastasis to two or more sites or organs is identified without peritoneal metastasis and microscopically confirmed
	pM1c	Metastasis to the peritoneal surface is identified alone or with other site or organ metastases and microscopically confirmed

### 5 AJCC Prognostic Stage Groups

Always refer to the specific chapter for rules on clinical and pathological classification of this disease.

✓	<i>When T is...</i>	<i>And N is...</i>	<i>And M is...</i>	<i>Then the stage group is...</i>
	Tis	N0	M0	0
	T1, T2	N0	M0	I
	T3	N0	M0	IIA
	T4a	N0	M0	IIB
	T4b	N0	M0	IIC
	T1–T2	N1/N1c	M0	IIIA
	T1	N2a	M0	IIIA
	T3–T4a	N1/N1c	M0	IIIB
	T2–T3	N2a	M0	IIIB
	T1–T2	N2b	M0	IIIB
	T4a	N2a	M0	IIIC
	T3–T4a	N2b	M0	IIIC
	T4b	N1–N2	M0	IIIC
	Any T	Any N	M1a	IVA
	Any T	Any N	M1b	IVB
	Any T	Any N	M1c	IVC

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