

SMALL INTESTINE

Hospital Name/Address

Patient Name/Information

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 invades lamina propria or 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 the nonperitonealized perimuscular tissue (mesentery or retroperitoneum) with extension 2 cm or less ⁽¹⁾
<input type="checkbox"/>	<input type="checkbox"/>	T4 Tumor perforates the visceral peritoneum or directly invades other organs or structures (includes other loops of small intestine, mesentery, or retroperitoneum more than 2 cm, and abdominal wall by way of serosa; for duodenum only, invasion of pancreas)

Notes

1. The nonperitonealized perimuscular tissue is, for jejunum and ileum, part of the mesentery and, for duodenum in areas where serosa is lacking, part of the retroperitoneum.

Clinical	Pathologic	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 Regional lymph node metastasis

Clinical	Pathologic	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 _____

Stage Grouping				
<input type="checkbox"/>	<input type="checkbox"/>	0	Tis	N0 M0
<input type="checkbox"/>	<input type="checkbox"/>	I	T1	N0 M0
			T2	N0 M0
<input type="checkbox"/>	<input type="checkbox"/>	II	T3	N0 M0
			T4	N0 M0
<input type="checkbox"/>	<input type="checkbox"/>	III	Any T	N1 M0
<input type="checkbox"/>	<input type="checkbox"/>	IV	Any T	Any N M1

(continued on reverse side)

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 (if applicable)**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

Physician's Signature _____ Date _____