NEUROENDOCRINE TUMOR STAGING FORM

CLINICAL Extent of disease before any treatment	STAGE CATEGORY DEFINITIONS	PATHOLOGIC Extent of disease through completion of definitive surgery
y clinical—staging completed after neoadjuvant therapy but before subsequent surgery	TUMOR SIZE:	 y pathologic – staging completed after neoadjuvant therapy AND subsequent surgery
TX T0 Tis T1 T2 T3 T4	PRIMARY TUMOR (T) Stomach Primary tumor cannot be assessed No evidence of primary tumor Carcinoma in situ/dysplasia (tumor size <0.5mm), confined to mucosa Tumor invades lamina propria or submucosa and ≤1cm in size Tumor invades muscularis propria or >1cm in size Tumor penetrates subserosa Tumor invades visceral peritoneum (serosa) or other organs or adjacent structures For any T, add (m) for multiple tumors Duodenum/Ampulla/Jejunum/Ileum	□ TX □ T0 □ Tis □ T1 □ T2 □ T3 □ T4
□ TX □ T0 □ T1 □ T2 □ T3	Primary tumor cannot be assessed No evidence of primary tumor Tumor invades lamina propria or submucosa and size ≤1 cm⋅ (small intestinal tumors); tumor ≤1 cm (ampullary tumors) Tumor invades muscularis propria or size >1 cm (small intestinal tumors); tum >1 cm (ampullary tumors) Tumor invades through the muscularis propria into subserosal tissue without penetration of overlying serosa (jejunal or ileal tumors) or invades pancreas or retroperitoneum (ampullary or duodenal tumors) or into non-	or
□ Т4	peritonealized tissues. Tumor invades visceral peritoneum (serosa) or invades other organs For any T, add (m) for multiple tumors *Tumor limited to ampulla of Vater for ampullary gangliocytic paraganglioma	□ Т4
□ TX □ T0 □ T1 □ T1a □ T1b □ T2 □ T3 □ T4	Colon or Rectum Primary tumor cannot be assessed No evidence of primary tumor Tumor invades lamina propria or submucosa and size ≤2 cm Tumor size <1 cm in greatest dimension Tumor size 1 to 2 cm in greatest dimension Tumor invades muscularis propria or size >2 cm with invasion of lamina propri or submucosa Tumor invades through the muscularis propria into the subserosa, or into non-peritonealized pericolic or perirectal tissues Tumor invades peritoneum or other organs For any T, add (m) for multiple tumors	_
□ NX □ N0 □ N1	REGIONAL LYMPH NODES (N) Stomach Regional lymph nodes cannot be assessed No regional lymph node metastasis Regional lymph node metastasis	□ NX □ N0 □ N1
HOSPITAL NAME/ADDRI	PATIENT NAME/INFORMATIO	N

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	NEUROENDOCRINE IU	MOR STAGING FOR	VI
□ NX □ N0 □ N1	Duodenum/Ampulla/Jejunum/Ileum Regional lymph nodes cannot be assessed No regional lymph node metastasis Regional lymph node metastasis		□ NX □ N0 □ N1
□ NX □ N0 □ N1	Colon or Rectum Regional lymph nodes cannot be assessed No regional lymph node metastasis Regional lymph node metastasis		□ NX □ N0 □ N1
□ M0 □ M1	DISTANT METAST Stomach No distant metastasis (no pathologic M0; use cl Distant metastasis	, ,	□ M1
☐ M0 ☐ M1	Duodenum/Ampulla/Jejunum/Ileum No distant metastasis (no pathologic M0; use cli Distant metastasis	nical M to complete stage group)	□ M1
□ M0 □ M1	Colon or Rectum No distant metastasis (no pathologic M0; use cli Distant metastasis	nical M to complete stage group)	□ M1
	Anatomic Stage • Pi	ROGNOSTIC GROUPS	
	PROGNOSTIC FACTORS (SITE-SPECIFIC FA		M M0 M0 M0 M0 M0 M0 M0
Histologic Grade (G) (a Grading system 2 grade system 3 grade system No 2 or 3 grade system	Grade ☐ Grade I or 1 ☐ Grade II or 2		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.
HOSPITAL NAME/ADDRESS PATIENT NAME/INFORMATION			

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Additional Descriptors Lymphatic Vessel Invasion (L) and Venous Invasion (V) have been combined into Lymph-Vascular Invasion (LVI) for collection by cancer registrars. The College of American Pathologists' (CAP) Checklist should be used as the primary source. Other sources may be used in the absence of a Checklist. Priority is given to positive results. Lymph-Vascular Invasion Not Present (absent)/Not Identified		General Notes (continued): 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		
☐ Lymph-Vascular Invasion Present/Identified☐ Not Applicable☐ Unknown/Indeterminate		interval, and is identified by the "r" prefix: rTNM.		
Residual Tumor (R) The absence or presence of residual tumor after treatment. In some case	es treated with surgery and/or	a prefix designates the stage determined at autopsy: aTNM.		
inth neoadjuvant therapy there will be residual tumor at the primary site after treatment because of a neomplete resection or local and regional disease that extends beyond the limit of ability of resection. RX Presence of residual tumor cannot be assessed RO No residual tumor		surgical margins is data field recorded by registrars describing the surgical margins of the resected primary site specimen as determined only by the pathology report.		
R1 Microscopic residual tumor R2 Macroscopic residual tumor		neoadjuvant treatment is radiation therapy or systemic therapy (consisting of chemotherapy, hormone therapy, or immunotherapy) administered prior to a definitive surgical procedure. If the surgical procedure is not performed, the administered therapy no longer meets the definition of neoadjuvant therapy.		
☐ Clinical stage was used in treatment planning (describe):				
	Other (describe):			
□ National guidelines were used in treatment planning □ NCCN □ Other (describe):				
Physician signature	Date/Time			
HOSPITAL NAME/ADDRESS	PATIENT NAME/INFORMATION			
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