

Colon and Rectum

Protocol applies to all invasive carcinomas of the colon and rectum. Carcinoid tumors, lymphomas, sarcomas, and tumors of the vermiform appendix are excluded.

*Protocol revision date: January 2005
Based on AJCC/UICC TNM, 6th edition*

Procedures

- **Incisional Biopsy** (No Accompanying Checklist)
- **Excisional Biopsy (Polypectomy)**
- **Local Excision (Transanal Disk Excision)**
- **Segmental Resection**
- **Rectal Resection (Low Anterior Resection, Abdominoperineal Resection)**

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The College of American Pathologists offers these protocols to assist pathologists in providing clinically useful and relevant information when reporting results of surgical specimen examinations of surgical specimens. The College regards the reporting elements in the "Surgical Pathology Cancer Case Summary (Checklist)" portion of the protocols as essential elements of the pathology report. However, the manner in which these elements are reported is at the discretion of each specific pathologist, taking into account clinician preferences, institutional policies, and individual practice.

The College developed these protocols as an educational tool to assist pathologists in the useful reporting of relevant information. It did not issue the protocols for use in litigation, reimbursement, or other contexts. Nevertheless, the College recognizes that the protocols might be used by hospitals, attorneys, payers, and others. Indeed, effective January 1, 2004, the Commission on Cancer of the American College of Surgeons mandated the use of the checklist elements of the protocols as part of its Cancer Program Standards for Approved Cancer Programs. Therefore, it becomes even more important for pathologists to familiarize themselves with the document. At the same time, the College cautions that use of the protocols other than for their intended educational purpose may involve additional considerations that are beyond the scope of this document.

Summary of Changes to Checklist(s)

Protocol revision date: January 2005

The following changes have been made to the data elements of the checklist(s) since the January 2004 protocol revision.

Polypectomy Checklist

Macroscopic

Distance of Invasive Carcinoma from Anal Verge and Distance of Adenoma from Anal Verge: these optional reporting elements have been added, as shown below

***Distance of Invasive Carcinoma from Anal Verge (per clinical report)**

*Specify: ___ cm

* ___ Distance from anal verge unknown

***Distance of Adenoma from Anal Verge (per clinical report)**

*Specify: ___ cm

* ___ Distance from anal verge unknown

Surgical Pathology Cancer Case Summary (Checklist)

*Protocol revision date: January 2005
Applies to invasive carcinomas only
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COLON AND RECTUM: Excisional Biopsy (Polypectomy)

Patient name:

Surgical pathology number:

Note: Check 1 response unless otherwise indicated.

MACROSCOPIC**Tumor Site**

- Cecum
 Right (ascending) colon
 Hepatic flexure
 Transverse colon
 Splenic flexure
 Left (descending) colon
 Sigmoid colon
 Rectum
 Not specified

Polyp Size

Greatest dimension: ___ cm

*Additional dimensions: ___ x ___ cm

___ Cannot be determined (see Comment)

Polyp Configuration

- Pedunculated with stalk
 Stalk length: ___ cm
 Pedunculated, no stalk
 Sessile
 Fragmented

***Distance of Invasive Carcinoma from Anal Verge (per clinical report)**

*Specify: ___ cm

* ___ Distance from anal verge unknown

***Distance of Adenoma from Anal Verge (per clinical report)**

*Specify: ___ cm

* ___ Distance from anal verge unknown

4 * Data elements **with asterisks** are **not required** for accreditation purposes for the Commission on Cancer. These elements may be clinically important, but are not yet validated or regularly used in patient management. Alternatively, the necessary data may not be available to the pathologist at the time of pathologic assessment of this specimen.

MICROSCOPIC**Histologic Type**

- Adenocarcinoma
 Mucinous adenocarcinoma (greater than 50% mucinous)
 Medullary carcinoma
 Signet-ring cell carcinoma (greater than 50% signet-ring cells)
 Small cell carcinoma
 Undifferentiated carcinoma
 Other (specify): _____
 Carcinoma, type cannot be determined

Histologic Grade

- Not applicable
 Cannot be determined
 Low-grade (well to moderately differentiated)
 High-grade (poorly differentiated to undifferentiated)

Extent of Invasion

- Cannot be determined
 Invasion (deepest):
 Lamina propria
 Muscularis mucosae
 Submucosa
 Muscularis propria

Margins (check all that apply)Deep Margin (Stalk Margin)

- Cannot be assessed
 Uninvolved by invasive carcinoma
 Distance of invasive carcinoma from margin: ____ mm
 Involved by invasive carcinoma

Mucosal/Lateral Margin

- Not applicable
 Cannot be assessed
 Uninvolved by invasive carcinoma
 Involved by invasive carcinoma
 Involved by in situ carcinoma/adenoma

Lymphatic (Small Vessel) Invasion (L)

- Absent
 Present
 Indeterminate

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***Venous (Large Vessel) Invasion (V)**

- * Absent
- * Present
- * Indeterminate

***Type of Polyp in Which Invasive Carcinoma Arose**

- * Tubular
- * Villous
- * Tubulovillous
- * Serrated
- * Hamartomatous
- * Indeterminate

***Additional Pathologic Findings (check all that apply)**

- * None identified
- * Active colitis
- * Other (specify): _____

***Comment(s)**

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Surgical Pathology Cancer Case Summary (Checklist)

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RECTUM: Local Excision (Transanal Disk Excision)

Patient name:

Surgical pathology number:

Note: Check 1 response unless otherwise indicated.

MACROSCOPIC**Specimen Integrity** Intact Fragmented

*Number of pieces: ____

***Distance of Tumor from Anal Verge (per clinical report)**

*Specify: ____ cm

* ____ Distance from anal verge unknown

***Tumor Configuration**

* ____ Exophytic (polypoid)

* ____ Infiltrative

* ____ Ulcerating

* ____ Other (specify): _____

Tumor Size

Greatest dimension: ____ cm

*Additional dimensions: ____x ____ cm

____ Cannot be determined (see Comment)

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MICROSCOPIC**Histologic Type**

- Adenocarcinoma
 Mucinous adenocarcinoma (greater than 50% mucinous)
 Medullary carcinoma
 Signet-ring cell carcinoma (greater than 50% signet-ring cells)
 Small cell carcinoma
 Undifferentiated carcinoma
 Other (specify): _____
 Carcinoma, type cannot be determined

Histologic Grade

- Not applicable
 Cannot be assessed
 Low-grade (well to moderately differentiated)
 High-grade (poorly differentiated to undifferentiated)

Pathologic Staging (pTNM)Primary Tumor (pT)

- pTX: Cannot be assessed
 pT0: No evidence of primary tumor
 pTis: Carcinoma in situ, intraepithelial (no invasion)
 pTis: Carcinoma in situ, invasion of lamina propria
 pT1: Tumor invades submucosa
 pT2: Tumor invades muscularis propria
 pT3: Tumor invades through the muscularis propria into the subserosa or the nonperitonealized pericolic or perirectal soft tissues
 * pT3a/b: Tumor invades through the muscularis propria into the subserosa or the nonperitonealized pericolic or perirectal soft tissues, invades 5 mm or less beyond the border of the muscularis propria
 * pT3c/d: Tumor invades through the muscularis propria into the subserosa or the nonperitonealized pericolic or perirectal soft tissues, invades greater than 5 mm beyond the border of the muscularis propria
 pT4: Tumor directly invades adjacent structures

Regional Lymph Nodes (pN)

- pNX: Cannot be assessed
 pN0: No regional lymph node metastasis
 pN1: Metastasis in 1 to 3 lymph nodes
 pN2: Metastasis in 4 or more lymph nodes
 Specify: Number examined: ____
 Number involved: ____

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Margins (check all that apply)Lateral Margin

- Cannot be assessed
- Uninvolved by invasive carcinoma
Distance of invasive carcinoma from closest lateral margin: ___ mm
*Specify location (eg, o'clock position), if possible:

- Involved by invasive carcinoma
*Specify location (eg, o'clock position), if possible:

- * Involved by carcinoma in situ/adenoma

Deep Margin

- Cannot be assessed
- Uninvolved by invasive carcinoma
Distance of invasive carcinoma from margin: ___ mm
- Focal involvement by invasive carcinoma
- Multifocal involvement by invasive carcinoma

Lymphatic (Small Vessel) Invasion (L) (check all that apply)

- Absent
- Present
* Intramural
* Extramural
- Indeterminate

Venous (Large Vessel) Invasion (V) (check all that apply)

- Absent
- Present
* Intramural
* Extramural
- Indeterminate

***Perineural Invasion**

- * Absent
- * Present

***Tumor Border Configuration**

- * Pushing
- * Infiltrating

***Intratumoral/Peritumoral Lymphocytic Response**

- * None
- * Mild to moderate
- * Marked (including Crohn-like response)

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***Additional Pathologic Findings (check all that apply)**

- * None identified
- * Adenoma(s)
- * Chronic ulcerative proctocolitis
- * Crohn disease
- * Dysplasia
- * Other polyps (type[s]): _____
- * Other (specify): _____

***Comment(s)**

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Surgical Pathology Cancer Case Summary (Checklist)

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COLON AND RECTUM: Resection

Patient name:
Surgical pathology number:
Other identifiers:

Note: Check 1 response unless otherwise indicated.

MACROSCOPIC

Specimen Type

- Right hemicolectomy
 Transverse colectomy
 Left hemicolectomy
 Sigmoidectomy
 Rectal/rectosigmoid colon (low anterior resection)
 Total abdominal colectomy
 Abdominoperineal resection
 Other (specify): _____
 Not specified

*Specimen Length (if applicable)

*Specify: ___ cm

Tumor Site

- Cecum
 Right (ascending) colon
 Hepatic flexure
 Transverse colon
 Splenic flexure
 Left (descending) colon
 Sigmoid colon
 Rectosigmoid
 Rectum
 Colon, not otherwise specified
 Cannot be determined (see Comment)

*Tumor Configuration

- Exophytic (polypoid)
 Infiltrative
 Ulcerating
 Other (specify): _____

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Tumor Size

Greatest dimension: ___ cm
 *Additional dimensions: ___ x ___ cm
 ___ Cannot be determined (see Comment)

***Intactness of Mesorectum**

- * ___ Not applicable
- * ___ Complete
- * ___ Near complete
- * ___ Incomplete

MICROSCOPIC

Histologic Type

- ___ Adenocarcinoma
- ___ Mucinous adenocarcinoma (greater than 50% mucinous)
- ___ Medullary carcinoma
- ___ Signet-ring cell carcinoma (greater than 50% signet-ring cells)
- ___ Small cell carcinoma
- ___ Undifferentiated carcinoma
- ___ Other (specify): _____
- ___ Carcinoma, type cannot be determined

Histologic Grade

- ___ Not applicable
- ___ Cannot be assessed
- ___ Low-grade (well to moderately differentiated)
- ___ High-grade (poorly differentiated to undifferentiated)
- ___ Other (specify): _____

Pathologic Staging (pTNM)

Primary Tumor (pT)

- ___ pTX: Cannot be assessed
- ___ pT0: No evidence of primary tumor
- ___ pTis: Carcinoma in situ, intraepithelial (no invasion)
- ___ pTis: Carcinoma in situ, invasion of lamina propria
- ___ pT1: Tumor invades submucosa
- ___ pT2: Tumor invades muscularis propria
- ___ pT3: Tumor invades through the muscularis propria into the subserosa or the nonperitonealized pericolic or perirectal soft tissues
- * ___ pT3a/b: Tumor invades through the muscularis propria into the subserosa or the nonperitonealized pericolic or perirectal soft tissues, invades 5 mm or less beyond the border of the muscularis propria
- * ___ pT3c/d: Tumor invades through the muscularis propria into the subserosa or the nonperitonealized pericolic or perirectal soft tissues, invades greater than 5 mm beyond the border of the muscularis propria
- ___ pT4a: Tumor directly invades other organs or structures
- ___ pT4b: Tumor penetrates the visceral peritoneum

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Regional Lymph Nodes (pN)

- pNX: Cannot be assessed
- pN0: No regional lymph node metastasis
- pN1: Metastasis in 1 to 3 regional lymph nodes
- pN2: Metastasis in 4 or more regional lymph nodes
- Specify: Number examined:
- Number involved:

Distant Metastasis (pM)

- pMX: Cannot be assessed
- pM1: Distant metastasis
- *Specify site(s): _____

Margins (check all that apply)

Proximal Margin

- Cannot be assessed
- Uninvolved by invasive carcinoma
- Involved by invasive carcinoma
- Carcinoma in situ/adenoma absent at proximal margin
- Carcinoma in situ/adenoma present at proximal margin

Distal Margin

- Cannot be assessed
- Uninvolved by invasive carcinoma
- Involved by invasive carcinoma
- Carcinoma in situ/adenoma absent at distal margin
- Carcinoma in situ/adenoma present at distal margin

Circumferential (Radial) Margin

- Not applicable
- Cannot be assessed
- Uninvolved by invasive carcinoma
- Involved by invasive carcinoma (tumor present 0-1 mm from CRM)

*Mesenteric Margin

- * Cannot be assessed
- * Uninvolved by invasive carcinoma
- * Involved by invasive carcinoma

If all margins uninvolved by invasive carcinoma:

Distance of invasive carcinoma from closest margin: mm OR cm
 Specify margin: _____

Lymphatic (Small Vessel) Invasion (L) (check all that apply)

- Absent
- Present
 - * Intramural
 - * Extramural
- Indeterminate

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Venous (Large Vessel) Invasion (V) (check all that apply)

- Absent
- Present
 - * Intramural
 - * Extramural
- Indeterminate

***Perineural Invasion**

- * Absent
- * Present

***Tumor Border Configuration**

- * Pushing
- * Infiltrating

***Intratumoral/Peritumoral Lymphocytic Response**

- * None
- * Mild to moderate
- * Marked (including Crohn-like response)

***Additional Pathologic Findings (check all that apply)**

- * None identified
- * Adenoma(s)
- * Chronic ulcerative proctocolitis
- * Crohn disease
- * Dysplasia
- * Other polyps (type[s]): _____
- * Other (specify): _____

***Comment(s)**

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