

Small Intestine

Protocol applies to all invasive carcinomas of the small intestine, including those with focal endocrine differentiation. Excludes carcinoid tumors, lymphomas, and stromal tumors (sarcomas).

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

Procedures

- **Cytology** (No Accompanying Checklist)
- **Incisional Biopsy** (No Accompanying Checklist)
- **Excisional Biopsy (Polypectomy)**
- **Segmental Resection**
- **Pancreaticoduodenectomy, Partial or Complete, With or Without Partial Gastrectomy (Whipple 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

No changes have been made to the data elements of the checklist(s) since the January 2004 protocol revision.

Surgical Pathology Cancer Case Summary (Checklist)

*Protocol revision date: January 2005
Applies to invasive carcinomas only
Based on AJCC/UICC TNM, 6th edition*

**SMALL INTESTINE: Polypectomy, Segmental Resection,
Pancreaticoduodenectomy, Partial or Complete, With or
Without Partial Gastrectomy (Whipple Resection)**

Patient name:

Surgical pathology number:

Note: Check 1 response unless otherwise indicated.

MACROSCOPIC**Specimen Type**

- Polypectomy
 Segmental resection
 Whipple resection
 Other (specify): _____
 Not specified

Tumor Site

- Duodenum
 Jejunum
 Ileum
 Not specified

***Tumor Configuration**

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

Tumor Size

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

Other Organs Received

- None
 Specify: _____

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 (not otherwise characterized)
 Mucinous adenocarcinoma (greater than 50% mucinous)
 Signet-ring cell carcinoma (greater than 50% signet-ring cells)
 Small cell carcinoma
 Squamous cell carcinoma
 Adenosquamous carcinoma
 Medullary carcinoma
 Undifferentiated carcinoma
 Mixed carcinoid-adenocarcinoma
 Other (specify): _____
 Carcinoma, type cannot be determined

Histologic Grade

- Not applicable
 GX: Cannot be assessed
 G1: Well differentiated
 G2: Moderately differentiated
 G3: Poorly differentiated
 G4: Undifferentiated
 Other (specify): _____

Pathologic Staging (pTNM)Primary Tumor (pT)

- pTX: Cannot be assessed
 pT0: No evidence of primary tumor
 pTis: Carcinoma in situ
 pT1: Tumor invades lamina propria or submucosa
 pT2: Tumor invades muscularis propria
 pT3: Tumor invades through the muscularis propria into the subserosa or the nonperitonealized perimuscular tissue with extension of 2 cm or less
 pT4: Tumor perforates the visceral peritoneum or directly invades other organs or structures

Regional Lymph Nodes (pN)

- pNX: Cannot be assessed
 pN0: No regional lymph node metastasis
 pN1: Metastasis in regional lymph nodes
 Specify: Number examined: ____
 Number involved: ____

Distant Metastasis (pM)

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

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Margins (check all that apply)

Polypectomy Specimens Only

Mucosal Margin

- Cannot be assessed
- Uninvolved by carcinoma
- Involved by carcinoma
- Involved by adenoma

Deep Margin

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

Segmental Resection or Pancreaticoduodenectomy (Whipple)

Proximal (Small Bowel or Stomach) 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
- Carcinoma in situ/adenoma not applicable (gastric margin)

Distal (Bowel) 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 (Mesenteric or Retroperitoneal) Margin

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

Bile Duct Margin

- Not applicable
- Cannot be assessed
- Margin uninvolved by invasive carcinoma
- Margin involved by invasive carcinoma

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Pancreatic Margin

- Not applicable
 Cannot be assessed
 Margin uninvolved by invasive carcinoma
 Margin involved by invasive carcinoma

If all margins uninvolved by invasive carcinoma:

Distance of invasive carcinoma from closest margin: ___ mm OR ___ cm

*Specify margin (if possible): _____

***Venous/Lymphatic (Large/Small Vessel) Invasion (V/L)**

- * Absent
 * Present
 * Indeterminate

***Perineural Invasion**

- * Absent
 * Present
 * Indeterminate

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

- * None identified
 * Adenoma(s)
 * Crohn disease
 * Celiac disease
 * Epithelial dysplasia
 * Other polyps (type[s]): _____
 * Other (specify): _____

***Comment(s)**

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