

Appendix

Protocol applies to all invasive carcinomas of the appendix. Carcinoid tumors and related lesions, lymphomas, and sarcomas are excluded.

*Protocol web posting date: July 2006
Protocol effective date: April 2007
Based on AJCC/UICC TNM, 6th edition*

Procedures

- **Excision (Appendectomy)**
- **Appendectomy with Segmental Resection (Right hemicolectomy)**

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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 web posting date: July 2006

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This is a new protocol.

Surgical Pathology Cancer Case Summary (Checklist)

Protocol web posting date: July 2006

Protocol effective date: April 2007

Applies to invasive carcinomas only

Based on AJCC/UICC TNM, 6th edition

Appendix: Resection

Patient name:

Surgical pathology number:

Note: Check 1 response unless otherwise indicated.

MACROSCOPIC

Specimen Type

Appendectomy

*Length: ___ cm

Appendectomy and right colectomy

*Length of appendix: ___ cm

*Length of colonic segment: ___ cm

Other (specify): _____

Tumor Site

Proximal half of appendix

Distal half of appendix

Diffusely involving appendix

Appendix, not otherwise specified

Tumor Size

Greatest dimension: ___ cm

*Additional dimensions: ___ x ___ cm

Cannot be determined (see Comment)

*Tumor Configuration

* Ulcerative

* Polypoid

* Infiltrative

Other (specify): _____

MICROSCOPIC**Histologic Type**

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

Histologic Grade

- Not applicable
 GX: Cannot be assessed
 Grade 1 (well differentiated)
 Grade 2 (moderately differentiated)
 Grade 3 (poorly differentiated)
 Grade 4 (undifferentiated)

Pathologic Staging (pTNM)Primary Tumor (pT)

- pTX: Cannot be assessed
 pT0: No evidence of primary tumor
 pTis: Intraepithelial carcinoma (no invasion)
 pTis: Intramucosal carcinoma (invasion of lamina propria)
 pT1: Tumor invades submucosa
 pT2: Tumor invades muscularis propria
 pT3: Tumor invades through the muscularis propria into the subserosa or mesoappendix
 pT4: Tumor directly invades other organs or structures, and/or perforates visceral peritoneum

Regional Lymph Nodes (pN)

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

Distant Metastasis (pM)

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

* 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.

Margins (check all that apply)Proximal Margin

- Cannot be assessed
 Uninvolved by invasive carcinoma
 Involved by invasive carcinoma
 Adenoma absent at proximal margin (for appendectomy specimens)
 Adenoma present at proximal margin (for appendectomy specimens)
 Specify grade of dysplasia: _____

Distal Margin

- Not applicable (appendectomy specimen)
 Cannot be assessed
 Uninvolved by invasive carcinoma
 Involved by invasive carcinoma

Mesenteric Margin

- Cannot be assessed
 Uninvolved by invasive carcinoma
 Involved by invasive carcinoma
 Distance of invasive carcinoma from closest mesenteric margin: ___ mm OR ___ cm

***Circumferential (Radial) Margin**

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

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

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

- * None identified
- * Appendicitis
- * Perforation, not at tumor
- * Chronic ulcerative colitis
- * Crohn disease
- * Diverticulosis
- * Carcinoid tumor
- * Other (specify): _____

***Comment(s)**

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