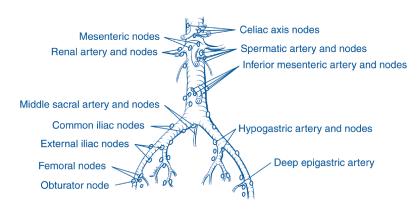
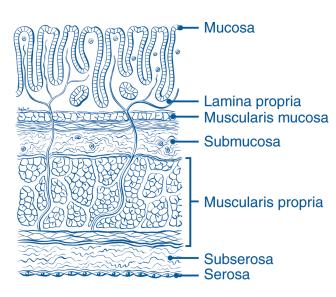
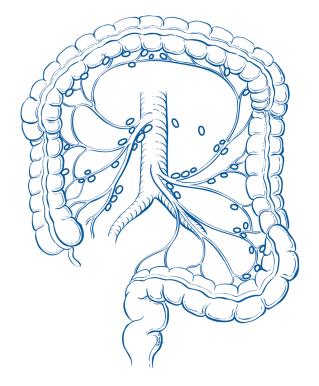
Colon and Rectum Cancer Staging

7th EDITION







Definitions

Primary Tumor (T)

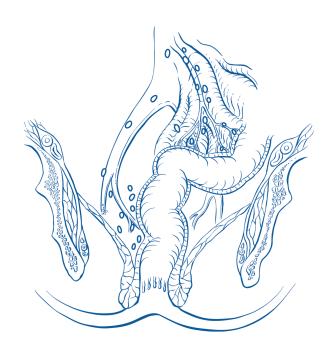
- TX Primary tumor cannot be assessed
- TO No evidence of primary tumor
- **Tis** Carcinoma in situ: intraepithelial or invasion of lamina propria¹
- T1 Tumor invades submucosa
- T2 Tumor invades muscularis propria
- Tamor invades through the muscularis propria into pericolorectal tissues
- Tumor penetrates to the surface of the visceral peritoneum²
- Tumor directly invades or is adherent to other organs or structures^{2,3}



- NX Regional lymph nodes cannot be assessed
- NO No regional lymph node metastasis
- N1 Metastasis in 1–3 regional lymph nodes
- N1a Metastasis in one regional lymph node
- N1b Metastasis in 2–3 regional lymph nodes
- N1c Tumor deposit(s) in the subserosa, mesentery, or nonperitonealized pericolic or perirectal tissues without regional nodal metastasis
- N2 Metastasis in 4 or more regional lymph nodes
- N2a Metastasis in 4–6 regional lymph nodes
- N2b Metastasis in 7 or more regional lymph nodes

Distant Metastasis (M)

- MO No distant metastasis
- M1 Distant metastasis
- M1a Metastasis confined to one organ or site (for example, liver, lung, ovary, nonregional node)
- M1b Metastases in more than one organ/site or the peritoneum



ANATOMIC STAGE/PROGNOSTIC GROUPS					
Stage	T	N	М	Dukes*	MAC*
0	Tis	N0	M0	_	-
1	T1	N0	M0	Α	Α
	T2	N0	M0	Α	B1
IIA	T3	N0	M0	В	B2
IIB	T4a	N0	M0	В	B2
IIC	T4b	N0	M0	В	B3
IIIA	T1-T2	N1/N1c	M0	С	C 1
	T1	N2a	M0	С	C 1
IIIB	T3-T4a	N1/N1c	M0	С	C2
	T2-T3	N2a	M0	C	C1/C2
	T1-T2	N2b	M0	C	C 1
IIIC	T4a	N2a	M0	C	C2
	T3-T4a	N2b	M0	C	C2
	T4b	N1-N2	M0	C	C3
IVA	Any T	Any N	M1a	-	-
IVB	Any T	Any N	M1b	_	_
IIIC	T3-T4a T2-T3 T1-T2 T4a T3-T4a T4b Any T	N1/N1c N2a N2b N2a N2b N1—N2	M0 M0 M0 M0 M0 M0 M0	C C C	C2 C1/C2 C1 C2 C2

NOTE: cTNM is the clinical classification, pTNM is the pathologic classification. The y prefix is used for those cancers that are classified after neoadjuvant pretreatment (for example, ypTNM). Patients who have a complete pathologic response are ypT0N0cM0 that may be similar to Stage Group 0 or I. The r prefix is to be used for those cancers that have recurred after a disease-free interval (rTNM).

* Dukes B is a composite of better (T3 N0 M0) and worse (T4 N0 M0) prognostic groups, as is Dukes C (any TN1 M0 and Any T N2 M0). MAC is the modified Astler-Coller classification.

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Notes

- ¹ Tis includes cancer cells confined within the glandular basement membrane (intraepithelial) or mucosal lamina propria (intramucosal) with no extension through the muscularis mucosae into the submucosa.
- ² Direct invasion in T4 includes invasion of other organs or other segments of the colorectum as a result of direct extension through the serosa, as confirmed on microscopic examination (for example, invasion of the sigmoid colon by a carcinoma of the cecum) or, for cancers in a retroperitoneal or subperitoneal location, direct invasion of other organs or structures by virtue of extension beyond the muscularis propria (that is, a tumor on the posterior wall of the descending colon invading the left kidney or lateral abdominal wall; or a mid or distal rectal cancer with invasion of prostate, seminal vesicles, cervix, or vagina).
- ³ Tumor that is adherent to other organs or structures, grossly, is classified cT4b. However, if no tumor is present in the adhesion, microscopically, the classification should be pT1-4a depending on the anatomical depth of wall invasion. The V and L classifications should be used to identify the presence or absence of vascular or lymphatic invasion, whereas the PN site-specific factor should be used for perineural invasion.
- A satellite peritumoral nodule in the pericolorectal adipose tissue of a primary carcinoma without histologic evidence of residual lymph node in the nodule may represent discontinuous spread, venous invasion with extravascular spread (V1/2), or a totally replaced lymph node (N1/2). Replaced nodes should be counted separately as positive nodes in the N category, whereas discontinuous spread or venous invasion should be classified and counted in the Site-Specific Factor category Tumor Deposits (TD).

