JEJUNUM AND ILEUM NEUROENDOCRINE TUMOR

Note: For high-grade neuroendocrine carcinomas arising in the duodenum or ampulla, use the template for carcinomas from that site

Procedure
- Segmental resection, small intestine
- Ileocolic resection
- Resection of ____

Tumor Site
- Jejunum
- Ileum
- Small intestine, not otherwise specified

Tumor Size (greatest dimension): ____ cm
Specify size of largest tumor if multiple tumors are present

Tumor Focality
- Unifocal
- Multifocal, number of tumors:
- Cannot be determined

Histologic Type and Grade:
- G1: Well-differentiated neuroendocrine tumor
- G2: Well-differentiated neuroendocrine tumor
- G3: Well-differentiated neuroendocrine tumor
- GX: Well-differentiated neuroendocrine tumor, grade cannot be assessed

<table>
<thead>
<tr>
<th>Grade</th>
<th>Mitotic rate (/10 HPF)</th>
<th>Ki67 index (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>G1</td>
<td>&lt;2</td>
<td>&lt;3</td>
</tr>
<tr>
<td>G2</td>
<td>2-20</td>
<td>3-20</td>
</tr>
<tr>
<td>G3</td>
<td>&gt;20</td>
<td>&gt;20</td>
</tr>
</tbody>
</table>

Mitotic Rate:
- <2 mitoses per 2 mm²
- 2-20 mitoses per 2 mm²
- >20 mitoses per 2 mm²
- Cannot be determined (explain): ________

Note: 10 HPF is defined as a 2 mm² area. AJCC recommends counting 10mm² and dividing by 5. The area will vary based on your eyepiece field number. If your field number is “22” (written on your eyepiece), using a 40x objective, 42 HPF = 10mm² & 8.4 HPF = 2mm²

Ki-67 Labeling Index:
AJCC recommends counting 500 to 2000 cells in area of highest labeling

<3% in area of highest labeling
3-20% in area of highest labeling
>20% in area of highest labeling
Cannot be determined (explain): ____________

Tumor Extension
No evidence of primary tumor
Invades lamina propria
Invades submucosa
Invades the muscularis propria
Invades subserosal tissue
Penetrates visceral peritoneum (serosa)
Invades other organs or adjacent structures (specify): _____________________
Cannot be assessed

Margins
• Negative (all margins including proximal, distal, and radial margins are uninvolved by tumor)
• Involved by tumor (specify margin):
• Cannot be assessed

Large Mesenteric Masses (>2 cm)
Not identified
Present
Cannot be determined

Mesenteric masses are defined as discrete but irregular mesenteric tumor nodules frequently located adjacent to neurovascular bundles and discontinuous from the primary neoplasm. They are often associated with dense fibrosis, causing encasement of large mesenteric vessels. It has been associated with frequent liver metastasis and a poor prognosis.

Regional Lymph Nodes
No lymph nodes submitted or found
Number of nodes involved by tumor / total examined: __ / __

Distant Metastasis:
Yes, site(s):
Unknown
Pathologic Stage Classification (AJCC 8th Edition)

TNM Descriptors (required only if applicable) (select all that apply)
- m (multiple primary tumors)
- r (recurrent)
- y (posttreatment)

Primary Tumor (pT)
T0: No evidence of primary tumor
T1: Invades the lamina propria or submucosa and less than or equal to 1 cm in size
T2: Invades the muscularis propria or greater than 1 cm in size
T3: Invades through the muscularis propria into subserosal tissue without penetration of overlying serosa
T4: Invades visceral peritoneum (serosal) or other organs or adjacent structures

Note: For multiple tumors:
- Add (m) TX(#) [where # = number of primary tumors identified] or TX(m)
  - Example: pT3(2) or T3(m) for two primary tumors
- For multiple tumors with different T, use the highest.

Regional Lymph Nodes (pN)
N0: No regional lymph node metastasis
N1: Regional lymph node metastasis <12 nodes
N2: Large mesenteric masses (>2 cm) and/or extensive nodal deposits (12 or greater), especially those that encase the superior mesenteric vessels

Distant Metastasis (pM) (required only if confirmed pathologically in this case)
M1: Distant metastasis
  - M1a: Metastasis confined to liver
  - M1b: Metastasis in at least one extrahepatic site (eg, lung, ovary, nonregional lymph node, peritoneum, bone)
  - M1c: Both hepatic and extrahepatic metastases