

Stomach Carcinoma

Note: Use the esophageal cancer resection template if the tumor midpoint is 2 cm or less into the proximal stomach AND involves the GEJ

Procedure:

- Partial gastrectomy
- Total gastrectomy

Tumor site:

- Cardia (centered >2cm below the GEJ)
- Fundus
- Body
- Antrum
- Pylorus
- Other, including multiple contiguous sites

Tumor Size (greatest dimension):

Histologic Type:

- Adenocarcinoma, Tubular
- Adenocarcinoma, poorly cohesive type (includes signet ring cell carcinoma and diffuse spreading type)
- Adenocarcinoma, mixed tubular and poorly cohesive
- Adenocarcinoma, mucinous
- Undifferentiated carcinoma
- Adenocarcinoma, hepatoid
- Neuroendocrine carcinoma
- Small cell neuroendocrine carcinoma
- Large cell neuroendocrine carcinoma
- Carcinoma with lymphoid stroma (medullary carcinoma)
- Other:

Histologic grade:

- GX: Cannot be assessed
- G1: Well-differentiated
- G2: Moderately-differentiated
- G3: Poorly-differentiated, undifferentiated

Precursor lesions:

- Adenoma
- Dysplasia
- Autoimmune gastritis
- Multifocal atrophic gastritis/intestinal metaplasia (not autoimmune)
- Hyperplastic polyp

Tumor extension:

Invades lamina propria/muscularis mucosae
Invades submucosa
Invades muscularis propria
Invades subserosal connective tissue
Penetrates serosal surface (visceral peritoneum)
Invades adjacent structures or organs (specify):

Margins:

- Negative (proximal, distal, and radial margins uninvolved by invasive carcinoma or dysplasia)
- Involved by invasive carcinoma. Specific margin(s):
- Negative for invasive carcinoma (proximal, distal, and radial margins uninvolved). Dysplasia present (specify margin and grade):
- Cannot be assessed

Treatment effect

No known prior treatment
Present
No definite response

Lymphovascular invasion:

Present
Not identified
Cannot be determined

Regional Lymph nodes:

Number of positive lymph nodes/the total number found: ____/____
No lymph nodes submitted or found

Distant metastases:

Yes (specify site)
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 Tumor invades mucosa or submucosa
T1a Tumor invades lamina propria or muscularis mucosae
T1b Tumor invades submucosa

T2 Tumor invades muscularis propria

T3 Tumor penetrates subserosal connective tissue without invasion of visceral peritoneum and without invasion of adjacent structures.

Greater or lesser omentum and gastrocolic

and gastrohepatic ligaments are not considered to be adjacent structures)

T4 Tumor penetrates the serosa (visceral peritoneum) or invades adjacent structures

T4a Tumor penetrates serosa (visceral peritoneum)

T4b Tumor invades adjacent structures / organs**

***Adjacent structures include spleen, transverse colon, liver, diaphragm, pancreas, abdominal wall, adrenal gland, kidney, small intestine, and retroperitoneum.*

***Intramural extension to the duodenum or esophagus is not considered invasion of an adjacent structure but is classified by the depth of greatest invasion in any of these sites*

Lymph node (pN) Stage

Note: Metastatic nodules in the fat adjacent to a gastric carcinoma, without evidence of residual lymph node tissue are considered regional lymph nodes.

N0 No regional lymph node metastasis

N1 Metastasis in 1-2 regional lymph nodes

N2 Metastasis in 3-6 regional lymph nodes

N3a Metastases in 7-15 regional lymph nodes

N3b Metastases in 16 or more regional lymph nodes.

Distant metastasis (pM)

Note: nodules implanted on peritoneal surfaces are considered distant metastasis

M1 Distant metastasis