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 lleocolic 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

Grade Mitotic rate (/10 HPF) Ki67 index (%)

G1	<2	<3
G2	2-20	3-20
G3	>20	>20

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

Lymphovascular invasion:

Not identified Present Cannot be determined

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