



**ASSOCIATION OF DIRECTORS OF ANATOMIC AND SURGICAL PATHOLOGY**  
**Final Anatomic Diagnosis Checklist**

**ANAL CARCINOMA**

**A. Size of Tumor (in 3D):** <sup>Required</sup> \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_ cm.

**B. Histologic Grade:** <sup>Required</sup>                      **I**      **II**      **III**      **IV**

*Note: Squamous cell carcinoma should be graded according to the severity of nuclear anaplasia. Adenocarcinoma should be graded as follows: **I** (>95% of tumor composed of glands), **II** (50% to 95% of tumor composed of glands), **III** (5% to 49% of tumor composed of glands).*

*If there are variations in the differentiation within the tumor, the highest (least favorable) grade is recorded. By convention, small cell carcinoma is assigned grade III.*

**C. Depth of Tumor Invasion (circle one):** <sup>Required</sup>

No evidence of primary tumor

Tumor invades the sphincter muscle but not the adjacent organs

Tumor invades through the sphincter muscle into perianal tissue with direct extension into

\_\_\_\_\_   
(specify: vagina, urethra, bladder, other)

**Margins of Resection:** <sup>-Required</sup>

No tumor identified at margins

Tumor present at proximal margin, grossly/microscopically

Tumor present at distal margin, grossly/microscopically

Tumor present at radial margin, grossly/microscopically

*Note: All of the following lymph node groups will not be identified in most cases. However, appropriate designations are provided below.* <sup>Required</sup>

**-Lymph Nodes, Perirectal (anorectal, perirectal and lateral sacral):**

A. Number examined: \_\_\_\_\_

B. Number positive: \_\_\_\_\_

C. Comment: \_\_\_\_\_

**Lymph Nodes, Internal iliac (hypogastric), right:**

A. Number examined: \_\_\_\_\_

B. Number positive: \_\_\_\_\_

C. Comment: \_\_\_\_\_

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**Lymph Nodes, Internal iliac (hypogastric), left:**

- A. Number examined: \_\_\_\_\_
- B. Number positive: \_\_\_\_\_
- C. Comment: \_\_\_\_\_

**Lymph Nodes, Inguinal (superficial and deep), right:**

- A. Number examined: \_\_\_\_\_
- B. Number positive: \_\_\_\_\_
- C. Comment: \_\_\_\_\_

**Lymph Nodes, Inguinal (superficial and deep), left:**

- A. Number examined: \_\_\_\_\_
- B. Number positive: \_\_\_\_\_
- C. Comment: \_\_\_\_\_

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**-Additional Tumor Features**<sup>*-Optional*</sup>

**A. Blood vessel invasion:**

Identified

Not Identified

Comment (*specify*: Vein, Artery, Blood Vessel NOS. Intramural, Peritumoral, Extramural):

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**B. Lymphatic invasion:**

Identified

Not Identified

Comment (*specify*: Intramural, Peritumoral, Extramural):

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**C. Additional Comments:**

None

Comment:

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**-Additional Findings and Comments:** *-Optional*

Condyloma

Anal canal intraepithelial neoplasia (AIN), grade I, II, III (circle one)

Fissure

Fistula

Inflammatory bowel disease

Hypertrophied papillae

Hemorrhoids

Radiation enteritis

Other: \_\_\_\_\_

**-Ancillary Studies:** *Optional*

Special stains are performed, the results are as follows:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

Interpretation \_\_\_\_\_

\_\_\_\_\_

Immunohistochemical studies are performed, the results are as follows:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

Interpretation \_\_\_\_\_

\_\_\_\_\_

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**-pTN Stage:** *Required*

**A. Primary Tumor**

- pTX** Primary tumor cannot be assessed  
**pT0** No evidence of primary tumor  
**pTis** Carcinoma in situ  
**pT1** Tumor 2 cm or less in greatest dimension  
**pT2** Tumor more than 2 cm but not more than 5 cm in greatest dimension  
**pT3** Tumor more than 5 cm in greatest dimension  
**pT4** Tumor of any size invades adjacent organ(s), e.g., vagina, urethra, bladder (involvement of sphincter muscle(s) alone is not classified at T4)

**B. Regional Lymph Nodes**

- pNX** Regional lymph nodes cannot be assessed  
**pN0** No regional lymph node metastasis  
**pN1** Metastasis in perirectal lymph node(s)  
**pN2** Metastasis in unilateral internal iliac and/or inguinal lymph node(s)  
**pN3** Metastasis in perirectal and inguinal lymph nodes and/or bilateral internal iliac and/or inguinal lymph nodes

**C. Distant Metastasis**

- pMX** Cannot be assessed  
**pM0** No distant metastasis  
**pM1** Distant metastasis

*Note: Tumor remaining in a resection specimen from a patient who has undergone previous (neoadjuvant) treatment of any type (radiation therapy alone, chemotherapy alone, or any combined modality treatment) is codified by the TNM using a prescript “y” (e.g., ypT1). Thus, yTNM indicates the post-treatment status of the tumor. Classification of a tumor as “recurrent” requires a documented disease-free interval after definitive therapy. Recurrent tumor may also be classified according to the TNM categories, but the prefix “r” (e.g., rpT1) is used to indicate the recurrent status of the tumor.*

References:

1. AJCC Cancer Staging Manual. Lippincott-Raven Press, 6<sup>th</sup> edition, 2002 (pg. 125-130).