

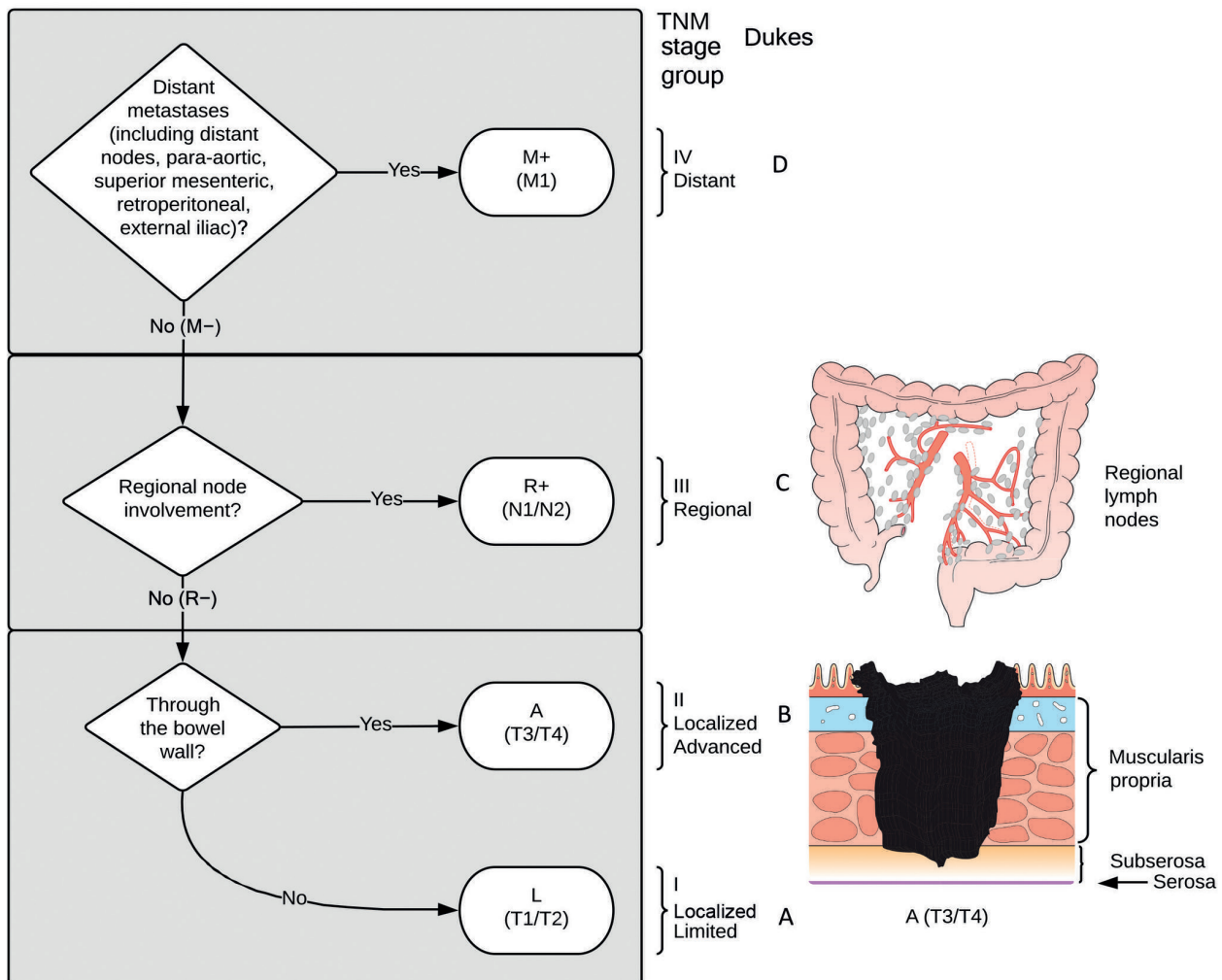
# Colorectal cancer

## Essential TNM

### Key points for colorectal cancer staging

1. Metastasis is most common to the liver. This may be clinically documented in operative reports or on imaging.
2. Regional nodes are site-specific for each segment of the colon or rectum and are named accordingly (epicolic, mesenteric, paracolic, ileocolic, rectal; see Table 2).
3. Tumour deposits (satellites) are cancer nodules that are separate from the primary tumour, located in the same area as the regional lymph nodes (pericolic or perirectal tissues). It is assumed that they represent lymph node involvement, and they are coded as R+.
4. Look for tumour extension through the wall of the colon or rectum into the subserosa or beyond, rather than tumour size.

**Fig. 2.** Colorectal cancer Essential TNM flow chart. A, advanced extension; L, localized extension; M, distant metastasis; R, regional lymph nodes; TNM, Tumour, Node, Metastasis.



# Colorectal cancer Essential TNM (cont.)

**Table 2.** Regional lymph nodes for each segment of the colon or rectum

Organ	Segment	Regional lymph nodes
Colon	Caecum	Pericolic, ileocolic, right colic
	Ascending colon and hepatic flexure	Pericolic, ileocolic, right colic, middle colic
	Transverse colon and splenic flexure	Pericolic, middle colic, left colic
	Descending colon	Pericolic, left colic, sigmoid, inferior mesenteric
	Sigmoid and rectosigmoid	Pericolic, sigmoid, inferior mesenteric, superior rectal (haemorrhoidal)
Rectum	Rectum	Mesorectal, superior rectal (haemorrhoidal), inferior mesenteric, internal iliac, inferior rectal