

MRI Anal Squamous Cell Cancer Baseline Staging Template
SAR Rectal/Anal Cancer DFP 2019_v1

CLINICAL INFORMATION: [FREE TEXT]

(Note: Use this template squamous cell anal cancer; do NOT use not for adenocarcinoma of the rectum involving the anal canal)

TECHNIQUE: [FREE TEXT]

COMPARISON:

FINDINGS:

TUMOR SIZE: [] cm x [] cm (largest measurement in any plane x perpendicular measurement)

T-STAGE:

- Tx/T0 (primary tumor cannot be assessed/no MR evidence of primary tumor)
- T1 (≤ 2 cm)
- T2 (> 2 cm and ≤ 5 cm)
- T3 (> 5 cm)
- T4* (tumor of any size invading adjacent organ(s), NOT including sphincter, rectal wall, skin, subcutaneous tissue)

*Structures with invasion/possible invasion: [None/FREE TEXT]

FUNCTIONAL SEQUENCES:

DWI:

- Restricted diffusion
- No restricted diffusion
- N/A

LYMPH NODES*: [*locoregional*: internal iliac/obturator, external iliac, mesorectal, inguinal, superior rectal/hemorrhoidal]

- N0: No visible or no suspicious regional lymph nodes
- N1a: Suspicious inguinal, mesorectal AND/OR internal iliac lymph node(s)
- N1b: Suspicious external iliac lymph node(s)
- N1c: Suspicious external iliac AND any N1a lymph node (inguinal, mesorectal, or internal iliac)

OTHER: [FREE TEXT other pelvic organs, bones, other incidental findings]

IMPRESSION:

1. [FREE TEXT]

2. mr T [] N []

*Suggested criteria for malignant lymph node, primary staging

Mesorectal and superior rectal (any of the following):

≥ 9 mm short axis diameter

5-8 mm short axis diameter AND ≥ 2 morphologically suspicious characteristics[‡]

< 5 mm short axis diameter AND 3 morphologically suspicious characteristics[‡]

Internal iliac and obturator :

≥ 5 mm short axis diameter

Inguinal lymph nodes (deep and superficial):

Non-HIV: ≥ 1-cm short axis diameter

HIV: ≥ 1-cm short axis diameter and asymmetric

External and common iliac nodes:

≥ 1 cm short axis diameter

[‡]Morphologically suspicious criteria:

Round shape

Irregular border

Heterogeneous signal

NB: The criteria above are intended as a practical guideline and are based on expert opinion by the SAR DFP panel. The panel acknowledges lack of sufficient scientific data regarding imaging criteria for nodal staging in anal cancer.