

MRI Primary Rectal Cancer Restaging Template
SAR Rectal/Anal Cancer DFP 2019

CLINICAL INFORMATION: [Free text]

PRIOR TREATMENT: [Post induction/post consolidation/post CRT/post surgical/surveillance]

TECHNIQUE: [Free text]

COMPARISON:

TREATED TUMOR/TUMOR BED CHARACTERISTICS:

The primary tumor and extramural disease shows

- residual tumor/mucin with no fibrosis
- residual tumor/mucin and scar
- dense low signal intensity fibrotic scar, with no or minimal intermediate or high T2 signal
- no wall thickening or mass/mucin or scar seen, completely normalized rectal wall

Distance of inferior margin of treated tumor/treated area to the anal verge: [] cm

Distance of inferior margin of treated tumor/treated area to the anorectal junction: [] cm

Relationship to anterior peritoneal reflection: Above Straddles Below

Craniocaudal length: [] cm

Previous craniocaudal length: [] cm

Maximal width: [] cm

Previous width: []

yMR-T category:

- T0
- T1/2 (tumor confined to rectal wall)
- T3a (tumor/fibrosis penetrates < 1 mm beyond muscularis propria)
- T3b (tumor/fibrosis penetrates 1- 5 mm beyond muscularis propria)
- T3c (tumor/fibrosis penetrates >5-15 mm beyond muscularis propria)
- T3d (tumor/fibrosis penetrates > 15 mm beyond muscularis propria)
- T4a (tumor penetrates through surface of anterior peritoneal reflection)
- T4b* (tumor invades or adherent to adjacent organs or structures)

* If T4b, structures with possible invasion: [free text]

FUNCTIONAL SEQUENCES

DWI – restricted diffusion in tumor or tumor bed: Present Absent

DCE (optional) – early perfusion in tumor or tumor bed: Present Absent

Est tumor volume reduction (optional): ≥ 75% volume reduction <75% volume reduction

**** FOR LOW RECTAL TUMORS - Invasion of anal sphincter complex:**

- Absent
- Invades internal sphincter (IS) only
- Invades IS and extends into intersphincteric space (ISS)
- Invades IS + ISS + extends into or through external sphincter

IF present: upper anal canal mid anal canal distal anal canal

EMVI: No Yes, fibrosis predominates Yes, tumor signal predominates

CRM (for T3 only)

Shortest distance of tumor to MRF (or anticipated CRM): [] mm (location)

N/A: (tumor at peritonealized portion of the rectum)

Is there a separate tumor deposit, LN or EMVI threatening (≥ 1 mm and ≤ 2 mm) or invading (< 1 mm) the MRF? No Yes (if yes, note location)

LYMPH NODES:

Mesorectal/superior rectal lymph nodes and/or tumor deposits:

NO (no visible lymph nodes/deposits or only < 5 mm short axis)

N+ (any lymph nodes ≥ 5 mm short axis)

Superior most suspicious lymph node/deposit is located: []

Optional: Total number of suspicious locoregional lymph nodes: []

Extra mesorectal lymph nodes: any suspicious? No Yes (if yes, location)

Locoregional: internal iliac, obturator

M1: external iliac, common iliac, inguinal, retroperitoneal

Other: [free text: bones, peritoneal mets, other incidental findings]

IMPRESSION:

Since [date of prior], the primary tumor and extramural disease shows:

no or minimal response

partial response

near complete response

no identifiable residual tumor

Post treatment category: ymrT [], ymrN []

CRM: clear threatened involved

Sphincter involvement: No Yes

Suspicious extra mesorectal lymph nodes: No Yes

