

Histologically confirmed distant metastasis (Core)

Tumour classifiable as distant metastatic disease may sometimes be present within the primary tumour resection specimen, for example a peritoneal or omental deposit that is discontinuous from the primary mass. Metastatic deposits in “non-regional” lymph nodes distant from those surrounding the main tumour will usually be submitted separately by the surgeon but may be present within an extended colectomy specimen.

Given different prognostication associated with the pattern of organ involvement by distant metastatic disease, Union for International Cancer Control (UICC)/American Joint Committee on Cancer (AJCC) 8th edition Staging Manuals have subclassified pM1 into pM1a indicating metastatic disease in one distant organ (excluding metastatic peritoneal disease), pM1b indicating metastatic disease in two or more distant organs and pM1c indicating metastatic peritoneal disease (regardless of other organ involvement).^{1,2} Note, pathologists can only base assessment of distant metastatic disease on submitted specimens and therefore should not use the terms ‘pM0’ or ‘pMX’. cM1 and cM0 are used when clinical, usually radiological, evidence suggests the presence or absence respectively of distant metastatic disease.

References

- 1 Brierley JD, Gospodarowicz MK and Wittekind C (eds) (2016). *UICC TNM Classification of Malignant Tumours, 8th Edition*, Wiley-Blackwell.
- 2 Amin MB, Edge SB, Greene FL, Byrd DR, Brookland RK, Washington MK, Gershenwald JE, Compton CC, Hess KR, Sullivan DC, Jessup JM, Brierley JD, Gaspar LE, Schilsky RL, Balch CM, Winchester DP, Asare EA, Madera M, Gress DM and Meyer LR (eds) (2017). *AJCC Cancer Staging Manual. 8th ed.*, Springer, New York.