18.2. Small Intestine: Other Histologies

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Emerging Prognostic Factors for Clinical Care

Interest in genetic predictors of outcome is emerging.[1-3] However, at present, not enough is known about them to warrant their inclusion in the current staging system. The creation of virtual tumor banks, by recording the type of tissue banked, the hospital location, and the pathology accession number, is strongly supported by the Small Intestinal Staging Subcommittee. This information would be essential to enable future queries into the molecular subtyping of small bowel adenocarcinomas, not only to understand their pathogenesis and prognosis, but also to help define optimal systemic treatment strategies.

Risk Assessment Models

The AJCC recently established guidelines that will be used to evaluate published statistical prediction models for the purpose of granting endorsement for clinical use.[4] Although this is a monumental step toward the goal of precision medicine, this work was published only very recently. Therefore, the existing models that have been published or may be in clinical use have not yet been evaluated for this cancer site by the Precision Medicine Core of the AJCC. In the future, the statistical prediction models for this cancer site will be evaluated, and those that meet all AJCC criteria will be endorsed.

Recommendations for Clinical Trial Stratification

The following stratification criteria stem from the prognostic factors analyses that are suggested for use in small bowel cancer trials, depending on the specific objectives of the study, the cancer stage(s), and the population under study, including sample size. These recommended criteria for clinical trials are listed in approximate order of their statistical power, stage by stage.

Small intestinal cancer, Stages I and II
  T category
  Primary tumor site
  Patient age
  History of Crohn's disease
Small intestinal cancer, Stage III
  T category
  N category
  Primary tumor site
  Patient age

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      History of Crohn's disease

Small intestinal cancer, Stage IV

      Number of metastatic organs involved

      Number of metastases

      Patient performance status

Bibliography

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