General Rules for Clinical and Pathological Studies
on Cancer of the Colon, Rectum and Anus

Part I.
Clinical Classification

Japanese Research Society for Cancer of the Colon and Rectum
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PREFACE TO ENGLISH EDITION

The purpose of these “General Rules for Clinical and Pathological Studies on Cancer of the Colon, Rectum and Anus” is to achieve progress in the field of diagnosis, therapy and follow-up results.

The committee for the General Rules was organized in June 1973. Members of the committee consisted of surgeons and pathologists who were qualified as specialists in the field of colon and rectal cancer in Japan, and the additional members nominated by the Japan Society of Coloproctology were those with experience treating cancer around the anus. From July 1975, internists and radiologists also participated in the committee for the General Rules. Numerous meetings of the committee were held thereafter, including sub-committee meetings, heated discussions ensued, and it was decided to publish the General Rules in the current form. The first issue was published in Japanese in September 1977 and it serves as the original for this English edition.

These General Rules are characterized by the separate description of clinical classification, i.e., anatomical aspects, clinicopathological findings, grades and evaluations of the operative procedures, clinical staging, statistical analysis (Part I) and histopathological classification (Part II).

It is desirable to provide descriptions based on these General Rules for other neoplasms primarily occurring in the colon, rectum and anus. We hope that these General Rules will contribute to the progress of clinical and research work on cancer of the colon, rectum and anus.

ANATOMICAL ASPECTS

I. Division of the Large Intestine

A. Anatomical division of the large intestine

The large intestine consists of the cecum, colon and rectum, and the anal canal is included in the General Rules for Pathological Studies. The large intestine is separated into the following seven regions, as shown in Fig. 1.

1. Cecum (C)

This is the sac-like portion below the ileocecal valve, separated from the ascending colon at the level of the upper lip of the ileocecal valve. The ileocecal junction is included in the cecum and appendix is abbreviated as (V)

2. Ascending colon (A)

This is the portion continuing from the
ccum and reaching the right flexure.  
3. Transverse colon (T)  
   This is the portion between the right and left flexures.
4. Descending colon (D)  
   This is the portion from the left flexure to the origin of the sigmoid colon, i.e., approximately at the level of the left iliac crest and fixed to the retroperitoneum.
5. Sigmoid colon (S)  
   Surgically, this is the portion distal from the descending colon to the level of the promontorium, excluding the rectosigmoid described below.
6. Rectum (R)  
   The rectum is defined as the portion from the level of the promontorium to that of the upper edge of the puborectal muscle.
   Rectosigmoid (Rs): From the level of the promontorium to that of the lower edge of the second sacral vertebra.
   Upper rectum (Ra): From the level of the lower edge of the second sacral vertebra to that of the site of the peritoneal reflection.

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Fig. 1. Regions of the large intestine.