REPORTING PROFORMA FOR RESECTIONS OF OESOPHAGEAL TUMOURS

1. PATIENT DEMOGRAPHICS

Name	Age/Sex	Case no	Path No	•••••
Date & Time of receipt	Date & Time of Grossing	C	Brossed by	
Referring Consultant				

2. MACROSCOPIC FEATURES

- a. **Specimen Type:** Partial esophagectomy/Total esophagectomy/ Esophagogastrectomy
- b. Length of specimen: Along oesophagus (.....cm), Along lesser curvature of stomach(.....cms), Along greater curvature of stomach(.....cms)
- c. **Tumor identified:** Yes/No/ Uncertain [If "No" or "Uncertain", please specify
- d. **Tumor/Lesion location**: Gastro-oesophageal junction/Lower third/Middle third/Upper third oesophagus
- e. Relationship of Tumor to Gastro-Oesophageal Junction(GEJ) : Distance of tumor epicentre from esophagogastric junction cms and specify:
 - Tumor is entirely located within the tubular oesophagus and does not involve the GEJ
 - Tumor epicentre lies in the distal oesophagus and tumor involves the GEJ •
 - Tumor epicentre is 2 cm or less into proximal stomach or cardia and tumor involves GEJ •
 - Tumor epicentre is 2 cm or less into proximal stomach or cardia and tumor does not involves GEJ •
 - Cannot be assessed
- f. Tumor size: Greatest dimension in length (centimeters): ____ cm Additional dimensions (centimeters): ____ x ___ cm Cannot be determined (explain):
- Tumor gross appearance: Exophytic/Polypoidal/Ulceroproliferative/Ulceroinfiltrative/ Constrictive g.
- h. Tumor invasion: Mucosa/Submucosa/Muscularis propria/Adventitia

i. Resection margins			
Margin type	Involvement by tumor		Distance from tumor (cm)
Proximal	Yes	No	
Distal	Yes	No	
Circumferential(CRM)	Yes	No	

Adjacent oesophagus: Polyps/ Ulcers/ Salmon pink Patch/Unremarkable į.

Lymph nodes

	Site of node	Node/FFT	No. of nodes	Size of largest node (cm)
Dissected from	Along the oesophagus	Node/FFT		
specimen	At G-E junction	Node/FFT		
	Along lesser curve	Node/FFT		
	Along greater curve	Node/FFT		
Separately sent	Sampled separately as per	Node/FFT		
	station labelled			

BLOCK IDENTIFICATION: Tumour (.....), Resection margins[Proximal, Distal & CRM (.....)], GE Junction(.....), Adjacent Oesophagus/ stomach (.....)Lymph nodes(.....)

3. MICROSCOPIC FEATURES

a. Histological type

Squamous carcinomaAdenocarcinomaAdenosquamous carcinomaUndifferentiated carcinomaSmall cell neuroendocrine carcinoma

Large cell neuroendocrine carcinoma \square Sarcomatoid carcinoma \square Others, specify

b. Histologic Grade

- ➢ G1: Well differentiated
- ➢ G2: Moderately differentiated
- ➢ G3: Poorly differentiated, undifferentiated
- ➢ GX: Cannot be assessed

c. Tumor Extension

- No evidence of primary tumor(pT0)
- High-grade dysplasia/carcinoma in situ, defined as malignant cells confined to the epithelium by the basement membrane(pTis)
- > Tumor invades the lamina propria/ muscularis mucosae (pT1a)
- Tumor invades the submucosa(pT1b)
- Tumor invades the muscularis propria(pT2)
- Tumor invades adventitia(pT3)
- Tumor invades adjacent structures/organs ((pT4a/b)
- Tumor Cannot be assessed(pTx)

d. Lymphovascular/ Perineural invasion

Present Absent Cannot be assessed

e. Margins

Excision complete (R0)	Yes 🗆 No 🗆	Cannot be assessed \Box
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If excision not complete:

Microscopic involvement (R1) Yes \Box No \Box

Macroscopic	involvement	(R2)	Yes 🗆	No 🗆
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Margin type	Involved by invasive carcinoma, dysplasia, and intestinal metaplasia		Distance from tumor (mm/cm)
Proximal	Yes	No	
Distal	Yes	No	
Circumferential(CRM)*	Yes	No	

*Circumferential margin to be evaluated at level of highest penetration by tumour & considered to be involved if < 1mm away from inked margin

f. Response to neo-adjuvant therapy (3/5-tiered TRG system.....To specify which system is being

used)

Tumour regression grade (TRG) should be recorded using either Mandard(5 Tier system) or Modified Ryan Scheme(3 Tier System)

g.Lymph node involvement

- Total Number of Lymph Nodes Examined (Both from Main resection specimen & Separately labelled specimen(s):_____
- Number of Lymph Nodes Involved: ______
 - > pN0: No regional lymph node metastasis
 - ➢ pN1: Metastasis in one or two regional lymph nodes
 - > pN2: Metastasis in three to six regional lymph nodes
 - ➢ pN3: Metastasis in seven or more regional lymph nodes

4. ADDITIONAL PATHOLOGIC FINDINGS

- ➢ None identified
- Intestinal metaplasia (Barrett's esophagus)
- Low-grade/ High-grade squamous dysplasia
- ► Low-grade/ High-grade glandular dysplasia
- Esophagitis (type): ______
- Gastritis (type): ______
- Other (specify): ______

6. ANCILLARY STUDIES

Immunohistochemical markers : Performed Not Performed

If performed, record positive, negative and equivocal markers, interpretation and conclusions

7. IMPRESSION

- > Histologic type
- > Pathology stage (8th AJCC staging system): p/ypTNM
- > Complete resection at all margins $Yes(R0) \square No(R1 \square R2 \square)$

Date of Reporting...... Consultant.....