Polypectomy and Local Resections of the Colorectum Histopathology Reporting Proforma

Includes the ICCR International Collaboration on Cancer reporting dataset denoted by *

Family name

Given name(s)

Date of birth
DD – MM – YYYY

Patient identifiers
e.g. MRN, IHI or NHI (please indicate which)

Requesting doctor - name and contact details

Sex
- ◯ Male
- ◯ Female
- ◯ Intersex/indeterminate

Ethnicity
- ◯ Unknown
- ◯ Aboriginal/Torres Strait Islander (AU)
- ◯ Māori (NZ)
- ◯ Other ethnicity:

Date of request
DD – MM – YYYY

S1.03 Accession number

Mandatory questions (i.e. protocol standards) are in bold (e.g. **S1.03**).

☐ Indicates multi-select ◯ Indicates single select

Clinical information

***S1.02/S2.01**

OR
- ◯ Information not provided
- ☐ Screening colonoscopy
- ☐ Known polyposis syndrome
  - ☐ Familial adenomatous polyposis (FAP)
  - ☐ *MUTYH*-associated polyposis (MAP)
  - ☐ Serrated polyposis
  - ☐ Other, *specify*
- ☐ Lynch syndrome
- ☐ Chronic inflammatory bowel disease
  - ☐ Ulcerative colitis
  - ☐ Crohn disease
- ☐ Previous polyp(s)
- ☐ Previous colorectal cancer
- ☐ Other, *specify*

G1.01 COPY TO DOCTORS

S1.04 PRINCIPAL CLINICIAN

G1.02 OTHER CLINICAL COMMENTS

Macroscopic findings

S2.02 *ENDOSCOPIC PROCEDURE (select all that apply)
- ◯ Not specified
- ☐ Polypectomy/Endoscopic mucosal resection (EMR)
  - ☐ Cautery
    - ◯ Not specifed
    - ◯ Used
    - ◯ Not used
  - ☐ Submucosal injection
    - ◯ Not specifed
    - ◯ Used (EMR)
    - ◯ Not used
  - ☐ Resection type
    - ◯ Not specifed
    - ◯ En bloc
    - ◯ Piecemeal
- ☐ Endoscopic submucosal dissection (ESD)
- ☐ Transanal endoscopic microsurgery (TEMS)
- ☐ Transanal minimally invasive surgery (TAMIS)
- ☐ Endoscopic full thickness resection (EFTR)
- ☐ Other, *specify*

S2.03 *POLYP IDENTIFICATION* *(Per container)*

* For each specimen submitted record: how the specimen is labelled; the number of polyps/tissue pieces and the polyp site location.

◯ Not specified / not assessable ◯ Multiple (with no specific number given)

OR

Polyp label					
No. per container					
Polyp location					
Intact/Fragments					
Intact polyp diameter (mm)					
Diamter of largest fragment (mm)					

S2.04 *SPECIMEN SITES OF POLYPS* (select all that apply)

- ◯ Not specified
- ☐ Caecum
- ☐ Ileocaecal valve
- ☐ Appendiceal orifice
- ☐ Ascending colon
- ☐ Hepatic flexure
- ☐ Transverse colon
- ☐ Splenic flexure
- ☐ Descending colon
- ☐ Sigmoid colon
- ☐ Rectosigmoid junction
- ☐ Rectum
- ☐ Anorectal junction

mm from the anal verge

☐ Other, *specify*

S2.05 POLYP CONFORMATION*
(Repeat per polyp noted in S2.03)

◯ Intact ◯ Fragments

S2.06 INTACT POLYP DIAMETER[a]

mm

G2.01 DIAMETER OF THE LARGEST FRAGMENT

mm OR

Aggregate tissue

mm x mm x mm

G2.01 *DESCRIPTION OF POLYP
(e.g. colour, shape, contour, ulceration etc.)

Size (mm)

◯ Not specified OR mm

OR

Size range mm to mm

OR

Size category

◯ Diminutive ◯ Small ◯ Large

Classification (select all that apply)

◯ Not given

☐ Paris classification, *specify*

☐ Lateral spreading tumour classification, *specify*

☐ Optical diagnosis, *specify*

S2.07 *SPECIMEN DIMENSIONS (select all that apply)

Maximum dimensions of intact specimen

mm x mm

Maximum dimension of intact polyp

mm

Aggregated dimensions for fragmented polyps

mm x mm

Maximum dimension of largest piece for fragmented polyps

mm

G2.03 TEMS SPECIMEN

mm x mm x mm

Colour

Surface contour

Ulceration

◯ Absent ◯ Present

S2.08 NATURE AND SITE OF BLOCKS

Microscopic findings

S3.01 *POLYP TYPE AND NUMBER (select all that apply)
(Value list from the World Health Organization (WHO) Classification of Tumours of the Gastrointestinal Tract (2019))

- ◯ No polyp identified (normal mucosa)
- ☐ Tubular adenoma
- ☐ Tubular adenoma, high grade
- ☐ Tubulovillous adenoma
- ☐ Tubulovillous adenoma, high grade
- ☐ Villous adenoma
- ☐ Villous adenoma, high grade
- ☐ Hyperplastic polyp
- ☐ Sessile serrated lesion
- ☐ Sessile serrated lesion with dysplasia
- ☐ Traditional serrated adenoma
- ☐ Traditional serrated adenoma, high grade
- ☐ Serrated adenoma unclassified
- ☐ Suspicious for adenocarcinoma
- ☐ Adenocarcinoma[a]
- ☐ Neuroendocrine tumour
  - ◯ Grade 1
  - ◯ Grade 2
  - ◯ Grade 3
- ☐ Neuroendocrine carcinoma
  - ◯ Small cell type
  - ◯ Large cell type
- ☐ Mixed neuroendocrine-non-neuroendocrine neoplasm (MiNEN)
- ☐ Hamartomatous polyp
- ☐ Inflammatory polyp
- ☐ Mucosal prolapse polyp
- ☐ Other, *specify*

Additional features

For neuroendocrine neoplasms only

◯ Not applicable

Mitotic count _____ /2 mm²

AND/OR

Ki-67 proliferation index _____ %

- ☐ Adenoma with epithelial misplacement
- ☐ Other, *specify*

[a] *For adenocarcinoma, refer to S3.04 HISTOLOGICAL TUMOUR TYPE describing all histological subtypes of adenocarcinomas.*

S3.02 DYSPLASIA[b]

- ◯ Cannot be assessed
- ◯ Absent
- ◯ Present

Grade of dysplasia[c]

- ◯ Low grade
- ◯ High grade
- ◯ Not specified

[b] *Note: this should be recorded for each polyp or fragments per location recorded in S3.01. Not required if SSLD is selected.*

[c] *Note: this should be recorded for each polyp recorded in S3.01. If fragments received, the highest grade of dysplasia should be recorded.*

S3.03 SIGNIFICANT VILLOUS ARCHITECTURE[d]

- ◯ Absent
- ◯ Present

[d] *Note: this should be recorded for each conventional adenoma recorded in S3.01.*

G3.01 EVIDENCE OF POLYPOSIS SYNDROME

- ◯ Absent
- ◯ Present, *details*

G3.02 POLYP RESECTION (NON-MALIGNANT)

- ◯ Adequate
- ◯ Inadequate

S3.04 *HISTOLOGICAL TUMOUR TYPE[e]
(Value list from the WHO Classification of Tumours of the Gastrointestinal Tract (2019))

- ◯ Not applicable
- ◯ No evidence of residual tumour
- ◯ Adenocarcinoma not otherwise specified (NOS)
- ◯ Mucinous adenocarcinoma
- ◯ Signet-ring cell adenocarcinoma
- ◯ Medullary carcinoma
- ◯ Serrated adenocarcinoma
- ◯ Micropapillary adenocarcinoma
- ◯ Adenoma-like adenocarcinoma
- ◯ Neuroendocrine carcinoma
  - ◯ Small cell type
  - ◯ Large cell type
- ◯ Mixed neuroendocrine-non-neuroendocrine neoplasm (MiNEN)
- ◯ Other, *specify*

Precursor polyp/lesion

- ◯ Absent
- ◯ Present, *specify type* [f]

[e] *To complete this and all following elements ONLY if an adenocarcinoma, neuroendocrine carcinoma or MiNEN is present. If multiple primary carcinomas are present, separate datasets should be used to record this and all following elements for each primary carcinoma.*

[f] *Refer to S3.01 POLYP TYPE.*

S3.05 *HISTOLOGICAL TUMOUR GRADE [g]
(Only adenocarcinoma NOS and mucinous adenocarcinoma should be graded)

- ◯ Not applicable
- ◯ Low grade (formerly well to moderately differentiated)
- ◯ High grade (formerly poorly differentiated)

[g] *Note: this should be recorded for each polyp classified as malignant in S3.01.*

S3.06 POOR DIFFERENTIATION (UNDIFFERENTIATED) TUMOUR [g]

- ◯ Absent
- ◯ Present

[g] *Note: this should be recorded for each polyp classified as malignant in S3.01.*

G3.03 *TUMOUR BUDDING

(Should only be reported in non-mucinous and non-signet ring cell adenocarcinoma areas)

- ◯ Cannot be assessed

Number of tumour buds[h] ____

Tumour budding score

- ◯ Bd1 - low budding (0-4 buds)
- ◯ Bd2 - intermediate budding (5-9 buds)
- ◯ Bd3 - high budding (≥10 buds)

[h] *After scanning 10 fields on a 20x objective lens, the hotspot field normalised to represent a field of 0.785 mm².*

S3.07 *LYMPHATIC AND VENOUS INVASION [g]

- ◯ Not identified
- ◯ Present
  - ◯ Small vessel (lymphatic, capillary or venular)
  - ◯ Large vessel (venous)
    - ◯ Intramural
    - ◯ Extramural

[g] *Note: this should be recorded for each polyp classified as malignant in S3.01.*

S3.08 *PERINEURAL INVASION [g]

- ◯ Not identified
- ◯ Present

[g] *Note: this should be recorded for each polyp classified as malignant in S3.01.*

S3.09 *MARGIN STATUS

Deep margin

- ◯ Cannot be assessed
- ◯ Involved
- ◯ Not involved

Distance to invasive carcinoma ____ mm

Lateral margin

- ◯ Cannot be assessed
- ◯ Involved, *specify*

____

- ◯ Not involved

Distance to neoplasia ____ mm

G3.04 MORPHOLOGY [g]

- ◯ Pedunculated
- ◯ Sessile
- ◯ Indeterminate

[g] *Note: this should be recorded for each polyp classified as malignant in S3.01.*

S3.10 *EXTENT OF INVASION

- ◯ Non-invasive neoplasia/high grade dysplasia
- ◯ Invasion into submucosa
- ◯ Invasion into muscularis propria
- ◯ Invasion through the muscularis propria into pericolorectal connective tissue
- ◯ Invasion onto the surface of the visceral peritoneum
- ◯ Invasion into adjacent structure(s)/organ(s), *specify*

____

S3.11 *INVASIVE CARCINOMA DIMENSIONS

- ◯ Cannot be assessed

Maximum depth of invasion ____ mm

- ◯ Cannot be assessed

Maximum width of invasion ____ mm

S3.12 COEXISTENT ABNORMALITIES [i]

- ◯ None noted
- ◯ Ulcerative colitis
- ◯ Crohn disease
- ◯ Primary sclerosing cholangitis (PSC)

Inflammatory bowel disease, not otherwise specified

- ◯ Other, *specify*

____

[i] Note: If Ulcerative colitis, Crohn disease, Primary sclerosing cholangitis (PSC) or Inflammatory bowel disease, not otherwise specified is selected the following text may be added to allow clarification of colorectal carcinoma risk:

'Dysplastic lesions arising in an area affected by inflammatory bowel disease are a heterogeneous group. Many are adenoma – like, and are not progressive. Conservative management may be warranted if the following conditions are met: Macroscopically adenoma – like in appearance; excised with clear margins; no flat dysplasia of surrounding mucosa and/or polyp stalk. If these criteria are not met, the lesion should be regarded as having a significant risk for associated or subsequent colorectal carcinoma.'

G3.05 COMMENT ON RISK FOR RESIDUAL DISEASE

____

G3.06 ADDITIONAL MICROSCOPIC COMMENT

____

Ancillary findings

S4.01 *MISMATCH REPAIR (MMR) STATUS BY IMMUNOHISTOCHEMISTRY [j]

- ◯ Not tested
- ◯ Not interpretable
- ◯ MMR proficient
- ◯ MMR deficient
  - ◯ *MLH1/PMS2* loss
  - ◯ *MSH2/MSH6* loss
  - ◯ *MSH6* loss
  - ◯ *PMS2* loss
  - ◯ Other, *specify*

[j] *Note: Mismatch repair enzyme immunohistochemistry results may be recorded in each malignant polyp recorded in S3.01.*

*MMR STATUS BY MICROSATELLITE INSTABILITY (MSI) TESTING

- ◯ Not tested
- ◯ Test failed
- ◯ MSI-high
- ◯ MSI-low
- ◯ MS-stable

G4.01 *ADDITIONAL ANCILLARY STUDIES

*_BRAF_ V600E mutation testing

- ◯ Not tested
- ◯ Test failed
- ◯ Mutated
- ◯ Wild type

*_MLH1_ promoter methylation testing

- ◯ Not tested
- ◯ Test failed
- ◯ Methylated
- ◯ Not methylated
- ◯ Inconclusive

RAS mutation testing

- ◯ Not tested
- ◯ Test failed
- ◯ Wild type
- ◯ Mutated, *specify*

G4.02 SPECIAL STAINS

G4.03 FOR NEUROENDOCRINE NEOPLASM (NEN)
NEUROENDOCRINE MARKERS (for NENs only)

- ◯ Not applicable
- ◯ Neuroendocrine markers, *specify result(s) if available*

AND
Ki-67 proliferation index %

Other, *specify*

Synthesis and overview

G5.01 DIAGNOSTIC SUMMARY

For carcinoma:
Include: Specimen site(s), Polyp type, Degree of differentiation, Lymph atic and venous invasion, Depth of invasion, Margin status

For conventional adenoma*:
Include: Polyp identification and number, Specimen site of polyp, Polyp type, Diameter, Presence or absence of high grade dysplasia, Villous component, Evidence of polyposis syndrome, Adequacy of excision

*A table may be advantageous to report on large numbers of polyps.

For sessile serrated lesions/adenoma/polyps:
Include: Polyp identification and number, Specimen site of polyp, Diameter, Presence or absence of dysplasia, Evidnce of polyposis syndrome, Adequacy of excision

For hyperplastic polyps:
Polyp identification and number, Specimen site of polyp

S5.01 OVERARCHING COMMENT

G5.02 Edition/version number of the Cancer Structured Reporting Protocol.