Polypectomy and Local Resections of the Colorectum
Structured Pathology Reporting Proforma

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

Family name

Given name(s)

Date of birth

DD – MM – YYYY

Sex

- ☐ Male
- ☐ Female
- ☐ Intersex/indeterminate

Ethnicity

- ☐ Unknown
- ☐ Aboriginal/Torres Strait Islander
- ☐ Other ethnicity:

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

Date of request

DD – MM – YYYY

S1.03 Accession number

Requesting doctor - name and contact details

Proceduralists name & contact details

Multiple unexcised polyps

- Absent ☐
- Present ☐

Reason for procedure

- ☐ Initial screening colonoscopy (baseline or index procedure)
- ☐ Surveillance – no previous history of adenoma or malignancy
- ☐ Surveillance – high risk eg FAP, other polyposis syndromes, Lynch syndrome
- ☐ Surveillance – previous adenoma/HGD/ malignant polyps

  Date and results of previous episode

- ☐ Positive faecal occult blood test (FOBT)
- ☐ Other (specify)

Number of specimens submitted

Relevant patient or family history

Previous colorectal surgery

Issues noted during procedure

G1.01 Other relevant details

Other specific details recorded in the table overleaf.

Specimen identifier	**Tissue fragment/ polyp id.**	**Endoscopic tumour morphology**	**Specimen location** (location from which taken)	**Diameter of resected polyp(s)**

		• Polypoid
		  ○ 0-Ip (protruded, pedunculated)
		  ○ 0-Is (protruded, sessile; >2.5mm above baseline)
		• Non-Polypoid
		  ○ 0-IIa (superficial, elevated; < 2.5mm above baseline)
		  ○ 0-IIb (flat)
		  ○ 0-IIc (superficial shallow, depressed)
		  ○ 0-III (excavated/ulcerated)
			• caecum
			• ascending colon
			• hepatic flexure
			• transverse colon
			• splenic flexure
			• descending colon
			• sigmoid colon
			• rectosigmoid junction
			• rectum
			• distance to anal verge ….cm
			• other (specify)
				Numeric in mm
				Or __x__x__mm

Macroscopic findings

S2.01 Number of specimens submitted

S2.02	**Specimen labelled as**												
	Specimen location	Caecum	Ascending colon	Hepatic flexure	Transverse colon	Splenic flexure	Descending colon	Sigmoid	Rectosigmoid junction	Rectum	_____cm distant from anal verge	Other (specify) _____	No site provided
	Number of polyps/tissue pieces												
S2.03	**Polyp conformation (intact, fragments)**												
S2.04	**Intact polyp diameter** (__mm)												
G2.01	Diameter of the largest fragment (__mm OR __x__x__mm aggregate tissue)												
G2.02	Description of polyp (eg colour, shape, contour, ulceration etc)												

S2.05 **Dimensions of TEM** (if applicable)

length mm x width mm x thickness mm

G2.03 TEMS SPECIMEN

Lesion dimensions

length mm x width mm x thickness mm

Colour

Surface contour

Ulceration

Absent ☐
Present ☐

S2.06 **Nature and site of all blocks**

Microscopic findings

	Specimen location	Caecum	Ascending colon	Hepatic flexure	Transverse colon	Splenic flexure	Descending colon	Sigmoid	Rectosigmoid junction	Rectum	_____cm distant from anal verge	Other (specify) _____	No site provided
S3.01	**Polyp type (refer below)**												
	No. of polyps/tissue fragments												
S3.02	**Dysplasia (absent, present)** *Note: If SSAD, S3.02 is not required*												
	Grade of dysplasia (if present) (low grade, high grade) *Note: If fragments record highest grade.*												
S3.03	**Significant villous architecture (absent, present)** *Note: conventional adenoma only*												
G3.01	Evidence of polyposis syndrome (absent, present) *Note: If present provide details*												
G3.02	Polyp resection (non-malignant) (adequate, inadequate)												
S3.04	**Coexistent pathological abnormalities (refer below)**												

S3.01 Polyp type

- Hyperplastic polyp
- Conventional adenoma
  - o tubular
  - o tubulovillous
  - o villous
- Serrated adenomas
  - o traditional serrated adenoma (TSA)
  - o sessile serrated adenoma/polyp (SSA)
  - o sessile serrated adenoma with dysplasia (SSAD)
- Mixed polyp (specify components)
- Carcinoma
- Neuroendocrine tumour
- Hamartoma
- Inflammatory polyp
- Juvenile type polyp
- Mesenchymal polyp – fibroblastic polyp (perineurioma), Schwann cell hamartoma, schwannoma, neurofibroma, ganglioneuroma, leiomyoma, lipoma, granular cell tumour, inflammatory fibroid polyp, gastrointestinal stromal tumour
- Mucosal prolapse syndrome
- Other (specify)

S3.04 Coexistent abnormalities

- None noted
- Ulcerative colitis
- Crohn's disease
- Primary sclerosing cholangitis (PSC)
- Inflammatory bowel disease, not otherwise specified
- Other (specify)

Note: If Ulcerative colitis, Crohn's 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.'

MALIGNANT POLYP

S3.05 Tumour type

- ☐ Adenocarcinoma, NOS
- ☐ Cribriform comedo-type adenocarcinoma
- ☐ Medullary carcinoma, NOS
- ☐ Micropapillary carcinoma
- ☐ Colloid carcinoma
- ☐ Serrated adenocarcinoma
- ☐ Signet ring cell carcinoma
- ☐ Adenosquamous carcinoma
- ☐ Spindle cell carcinoma, NOS
- ☐ Squamous cell carcinoma, NOS
- ☐ Undifferentiated carcinoma
- ☐ Other

S3.06 Histological tumour grade

- ☐ Low grade
  well and moderately differentiated
- ☐ High grade
  poorly and undifferentiated

S3.07 Poor differentiation (undifferentiated) tumour

- ☐ Absent
- ☐ Present

G3.03 Tumour budding

- ☐ Absent
- ☐ Present

S3.08 Vessel invasion

- ☐ Not identified
- ☐ Present

S3.09 Margin status

☐ Not involved ☐ Involved

Clearance from deep margin

mm

Clearance from nearest peripheral margin

mm

Involved margin(s)

G3.04 Morphology

- ☐ Pedunculated
- ☐ Sessile
- ☐ Indeterminate

S3.10 Maximum depth of invasion

mm

Record as the max. depth of invasion beneath the muscularis mucosae or the max. tumour thickness if the muscularis mucosae is destroyed by tumour; or the max. dimension of invasive adenocarcinoma in any piece.

Haggit level

Level 1 ☐ Level 3 ☐
Level 2 ☐ Level 4 ☐

S3.11 Width of invasive tumour

mm

G3.05 Comment on risk for residual disease

Ancillary test findings

G4.01 Mismatch repair enzymes

	MLH-1	PMS-2	MSH-2	MSH-6
Not tested				
Normal staining				
Loss of staining				

Comments

G4.03 Special stains

Synthesis and overview

G5.01 Diagnostic summary

S5.01 Overarching comment