Gastric Cancer Histopathology Reporting Proforma

Includes the International Collaboration on Cancer reporting dataset denoted by *

Version 2.0 Proforma: Gastric Cancer Structured Reporting Protocol 2nd Edition

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Clinical information
*S1.02/S2.02

OR
- Information not provided
- Relevant biopsy results, specify

- Previous diagnosis and treatment for gastric cancer, specify
- Endoscopic location of the tumour, specify

- Clinical staging, specify level of involvement, distant metastases
- Previous partial gastrectomy procedure, specify
- History of chronic gastritis, specify
- Other, specify

*NEOADJUVANT THERAPY
- Information not provided
- Not administered
- Administered, describe

Macroscopic findings
S2.01 SPECIMEN LABELLED AS

S2.03 *OPERATIVE PROCEDURE
- Not specified
- Gastrectomy
  - Sub-total
  - Total
- Oesophagegastrectomy
- Other, specify

S2.04 *SPECIMEN DIMENSIONS
- Length of stomach greater curve
- Length of stomach lesser curve
- Length of oesophagus
- Length of duodenum
**S2.05 *TUMOUR FOCALITY***
- Unifocal
- Multifocal, specify number of tumours in specimen
- Cannot be assessed, specify

* If multiple primary tumours are present, separate datasets should be used to record this and all following elements for each primary tumour.

Tumours in specimen

**S2.06 *TUMOUR SITE* (select all that apply)
- Not specified
- Region
  - Upper third
  - Middle third
  - Distal third
- Curvature
  - Greater
  - Lesser
- Wall
  - Anterior
  - Posterior
- Other, specify

**S2.07 *MAXIMUM TUMOUR DIMENSIONS*
- Cannot be assessed, specify

Tumours identification

Maximum tumour dimension

Repeat tumour identification and maximum dimension for each tumour identified.

OR

For a large number of tumours include a range:

mm to mm

Additional tumour dimensions

**S2.08 DISTANCE OF TUMOUR TO NEAREST PROXIMAL OR DISTAL MARGIN**

mm margin

**S2.09 DISTANCE OF TUMOUR TO THE CIRCUMFERENTIAL RESECTION MARGIN**

(Applicable to tumours of the cardia)

mm

**S2.10 SEROSA APPEARANCE**

**S2.11 INVOLVEMENT OF ADJACENT ORGANS**

**S2.12 DISTANT METASTASES**

**S2.13 BLOCK IDENTIFICATION KEY**

G2.02 OTHER MACROSCOPIC COMMENTS

Microscopic findings

**S3.01 TUMOUR SITE**

**S3.02 *HISTOLOGICAL TUMOUR TYPE***

(Value list from the World Health Organization Classification of Tumours of the Digestive System (2019))
- Cannot be assessed
- Tubular adenocarcinoma
- Papillary adenocarcinoma
- Mucinous adenocarcinoma
- Poorly cohesive carcinoma, including signet-ring cell carcinoma and other subtypes
- Mixed adenocarcinoma
- Other histological type/subtype, specify

**Lauren Classification**

(Applicable to gastric adenocarcinomas)
- Intestinal
- Diffuse
- Mixed
- Indeterminate

**S3.03 *HISTOLOGICAL GRADE***

- Not applicable
- Cannot be assessed
- Low grade (well and moderately differentiated)
- High grade (poorly differentiated)
- Other, specify

G2.01 *MACROSCOPIC TUMOUR TYPE*
- Not applicable
- Cannot be assessed
- Polypoid mass (Borrmann type I)
- Ulcerative (Borrmann type II)
- Infiltrative ulcerative (Borrmann type III)
- Diffuse infiltrative (Borrmann type IV)
- Other, specify
S3.04 *EXTENT OF INVASION
- Cannot be assessed
- No evidence of primary tumour
- Carcinoma in situ (intraepithelial tumour without invasion of the lamina propria, high grade dysplasia)
- Invasion into the lamina propria
- Invasion into the muscularis mucosae
- Invasion into the submucosa
- Invasion into the muscularis propria
- Invasion into the subserosal connective tissue (without invasion of the visceral peritoneum or adjacent structures)
- Invasion into the serosa (visceral peritoneum)
- Invasion into adjacent structure(s)/organ(s), specify

S3.05 SEROSAL SURFACE INVOLVEMENT
- Indeterminate
- Absent
- Present

G3.01 *PERINEURAL INVASION
- Not identified
- Present

S3.06 *LYMPHOVASCULAR INVASION
- Not identified
- Present

S3.07 *RESPONSE TO NEOADJUVANT THERAPY
- No neoadjuvant treatment
- Complete response - no viable cancer cells (score 0)
- Near complete response - single cells or rare small groups of cancer cells (score 1)
- Partial response - residual cancer with evident tumour regression, but more than single cells or rare groups of cancer cells (score 2)
- Poor or no response - extensive residual cancer with no evident tumour regression (score 3)
- Cannot be assessed, specify

S3.08 *MARGIN STATUS

Invasive carcinoma
- Cannot be assessed
- Not involved
- Distance of tumour from closest margin
  - Specify closest margin, if possible
- Involved (select all that apply)
  - Distal
  - Proximal
  - Circumferential/Radial

Dysplasia
- Cannot be assessed
- Not involved
- Involved
  - Carcinoma in situ/high grade dysplasia
  - Low grade
  - Specify margin (select all that apply)
    - Distal
    - Proximal
    - Other, specify

S3.09 *LYMPH NODE STATUS
- Cannot be assessed
- No nodes submitted or found
  - Number of lymph nodes examined
    - Not involved
    - Involved
  - Number of involved lymph nodes

S3.10 *COEXISTENT PATHOLOGY (select all that apply)
- None identified
- Helicobacter gastritis
- Autoimmune gastritis
- Reactive gastritis
- Intestinal metaplasia
- Gastric polyps, specify
- Dysplasia
  - Low grade
  - High grade
  - Indeterminate
- Synchronous carcinoma(s), specify
- Other, specify

S3.11 *HISTOLOGICALLY CONFIRMED DISTANT METASTASES
- Not identified
- Present, specify site(s)

G3.02 ADDITIONAL MICROSCOPIC COMMENT
Ancillary findings

**S4.01 **MICROSATELLITE INSTABILITY (MSI)/MISMATCH REPAIR (MMR) TESTING

- Not performed
- *MSI/MMR testing, record result(s)*

**G4.01 **ANCILLARY STUDIES

- *HER2 testing performed, record result(s)*
- Epstein-Barr virus (EBV)-status (e.g., EBV encoded RNA (EBER) in situ hybridisation), record result(s)
- PD-L1 immunohistochemistry, record result(s)
- *Other, specify test(s) and result(s)*

*For neuroendocrine neoplasms only*

- Not applicable
- Neuroendocrine markers (chromogranin A, synaptophysin, other), specify test(s) performed and result(s) if available

AND

Ki-67 proliferation index %

**Synthesis and overview**

**S5.01 **PATHOLOGICAL STAGING (AJCC TNM 8th edition)

TNM Descriptors (only if applicable) (select all that apply)

- **m** - multiple primary tumours
- **r** - recurrent
- **y** - post therapy

Primary tumour (pT)

- **TX** Primary tumour cannot be assessed
- **T0** No evidence of primary tumour
- **Tis** Carcinoma in situ: intraepithelial tumour without invasion of the lamina propria, high grade dysplasia
- **T1** Tumour invades lamina propria, muscularis mucosae, or submucosa
  - **T1a** Tumour invades lamina propria or muscularis mucosae
  - **T1b** Tumour invades submucosa
- **T2** Tumour invades muscularis propria*
- **T3** Tumour invades subserosal connective tissue without invasion of the visceral peritoneum or adjacent structures*~
- **T4** Tumour perforates serosa (visceral peritoneum) or adjacent structures*~
  - **T4a** Tumour perforates serosa (visceral peritoneum)
  - **T4b** Tumour invades adjacent structures/organs

Regional lymph nodes (pN)

- **NX** Regional lymph node(s) cannot be assessed
- **N0** No regional lymph node metastasis
- **N1** Metastasis in one or two regional lymph nodes
- **N2** Metastasis in three to six regional lymph nodes
- **N3** Metastasis in seven or more regional lymph nodes
  - **N3a** Metastasis in seven to 15 regional lymph nodes
  - **N3b** Metastasis in 16 or more regional lymph nodes

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* A tumour may penetrate the muscularis propria with extension into the gastrocolic or gastrohepatic ligaments, or into the greater or lesser omentum, without perforation of the visceral peritoneum covering these structures. In this case, the tumour is classified as T3. If there is perforation of the visceral peritoneum covering the gastric ligaments or the omentum, the tumour should be classified as T4.

^ The adjacent structures of the stomach are the spleen, transverse colon, liver, diaphragm, pancreas, abdominal wall, adrenal gland, kidney, small intestine, and retroperitoneum.

~ Intramural extension to the duodenum or oesophagus is not considered invasion of an adjacent structure, but is classified using the depth of the greatest invasion in any of these sites.

**S5.02 **Year and edition of staging system

**S5.03 **OVERARCHING COMMENT

G5.01 DIAGNOSTIC SUMMARY

Include: Specimen submitted, Tumour type, Tumour stage, Whether or not the specimen margins are involved.

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