

# Gastric Cancer Histopathology Reporting Proforma



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

Family name

Given name(s)

Date of birth

Patient identifiers

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

Date of request

**S1.03** Accession number

Requesting doctor - name and contact details

Sex

- Male  
 Female  
 Intersex/indeterminate

Ethnicity

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

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

Indicates multi-select  Indicates single select

## 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*

G1.01 COPY TO DOCTORS

**S1.04 PRINCIPAL CLINICIAN**

G1.02 OTHER CLINICAL COMMENTS

## Macroscopic findings

**S2.01 SPECIMEN LABELLED AS**

**S2.03 \*OPERATIVE PROCEDURE**

- Not specified  
 Gastrectomy  
 Sub-total  
 Total  
 Oesophagogastrectomy  
 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  mm

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

mm x  mm

**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*

**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*

**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  mm

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  
OR (select all that apply)

\*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

 %

### 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.

## Synthesis and overview

### S5.01 \*PATHOLOGICAL STAGING (AJCC TNM 8<sup>th</sup> 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<sup>^,~</sup>  
 T4 Tumour perforates serosa (visceral peritoneum) or adjacent structures<sup>^,~</sup>  
 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.

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

<sup>~</sup> 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