

# A guide to the Histopathology Reporting of an Polypectomy and Local Resections of the Colorectum



Clinical details		Macroscopic findings (cont.)	
<b>S1.02 Clinical information provided on request form</b> (complete as narrative or use the structured format below)	Text	<b>S2.05 Dimensions of TEM</b>	__x__x__mm
Proceduralist's name and contact details	Text	<b>G2.03 TEMS SPECIMEN</b>	
No. of specimens submitted	___	Lesion dimensions	__x__x__mm
Endoscopic tumour morphology	See p2	Colour	Text
Specimen location	caecum ascending colon hepatic flexure transverse colon splenic flexure descending colon sigmoid colon rectosigmoid junct. rectum dist. to anal verge (cm) other (specify)	Surface contour	Text
Diameter of resected polyp(s)	___mm OR ___mm to ___mm	Ulceration	Absent Present
Multiple unexcised polyps	Absent Present	<b>S2.06 Nature and site of all blocks</b>	Text
Reason for procedure	See p2		
If reason is surveillance following previous findings of adenoma or malignancy, record the date and results of that prev. episode.	Text		
Relevant patient or family history	Text		
Previous colorectal surgery	Text		
Issues noted during procedure	Text		
<b>S1.03 Pathology accession no.</b>	Text		
<b>G1.01 Other clinical info received</b>	Text		
Macroscopic findings		Microscopic findings	
<b>S2.01 No. of specimens submitted</b>	___	<b>S3.01 Polyp type and number</b> For each location from which specimens have been received, record:	
<b>S2.02</b> For each specimen submitted record:		1. The type of polyp	See p2
<b>1. Specimen labelled</b>	Text	2. No. of polyps of that type	___
<b>2. Location</b>	See locations above OR No site provided	<b>For each polyp/fragment per location record S3.02-3</b>	
<b>3.No. of polyps/tissue pieces from that location</b>	___	<b>S3.02 Dysplasia</b> If SSAD S3.02 is not required.	Absent Present  Low grade High grade
<b>S2.03 Polyp conformation</b>	Intact Fragments	<b>If present, record grade of dysplasia</b> (If fragments record highest grade)	
<b>S2.04 Intact polyp diameter</b>	___mm	<b>S3.03 Significant villous architecture</b> (conventional adenoma only)	Absent Present
<b>G2.01</b> Diameter of the largest fragment	___mm OR __x__x__mm aggregate tissue	<b>G3.01</b> Evidence of polyposis syndrome	Absent Present
<b>G2.02</b> Description of polyp (eg colour, shape, contour, ulceration etc)	Text	If present describe	Text
		<b>G3.02</b> Polyp resection (non-malignant)	Adequate Inadequate
		<b>S3.04 Coexistent pathological abnormalities</b>	See p2
		<b>FOR EACH MALIGNANT POLYPS record:</b>	
		<b>S3.05 Tumour type</b>	See p2
		<b>S3.06 Histological tumour grade</b>	Low grade - well and moderately differentiated  High grade - poorly and undifferentiate
		<b>S3.07 Poor differentiation (undifferentiated) tumour</b>	Absent Present
		<b>G3.03</b> Tumour budding	Absent Present
		<b>S3.08 Vessel invasion</b>	Not identified Present
		<b>S3.09 Margin status</b>	Involved Not involved
		<b>If involved, record involved margin(s)</b>	Text

## Microscopic findings (cont.)

<b>S3.09</b>	<b>If not involved, record Clearance from deep margin</b>	___mm
	<b>Clearance from nearest peripheral margin</b>	___mm
<b>G3.04</b>	Morphology	Pedunculated Sessile Indeterminate
<b>S3.10</b>	<b>Max. depth of invasion</b> (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.)	___mm
	<b>Haggitt level</b>	Level 1 Level 2 Level 3 Level 4
<b>S3.11</b>	<b>Width of invasive tumour</b>	___mm
<b>G3.05</b>	Comment on risk for residual disease	Text

## Ancillary test findings

<b>G4.01</b>	Mismatch repair enzymes:	
	MLH-1	Not tested Normal staining Loss of staining
	PMS-2	Not tested Normal staining Loss of staining
	MSH-2	Not tested Normal staining Loss of staining
	MSH-6	Not tested Normal staining Loss of staining
	Comments	Text
<b>G4.03</b>	Special stains	Text

## Synthesis and overview

<b>G5.01</b>	Diagnostic summary	Text
<b>S5.01</b>	<b>Overarching comments</b>	Text

### S1.02 Endo. tumour morphology

Select all that apply:

- Polypoid
  - 0-1p (protruded, pedunculated)
  - 0-1s (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)

### S1.02 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
- Positive faecal occult blood test (FOBT)
- Other (specify)

### 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 pathological 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.'

### 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 (specify)