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

Includes the International Collaboration on Cancer reporting dataset denoted by *

<table>
<thead>
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<td><strong>S1.02</strong></td>
<td><em>Clinical info. on request form</em> (complete as narrative or use the structured format)</td>
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<td><strong>G1.01</strong></td>
<td>Copy to doctor</td>
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<tr>
<td><strong>S1.03</strong></td>
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**Macroscopic findings**

| **S2.01** | *Clinical information* | See p2 |
| **S2.02** | *Endoscopic procedure* | See p2 |
| **S2.03** | *Polyp identification* (for each specimen submitted record: how the specimen is labelled; the number of polyps/tissue pieces, the polyp site location, polyp conformation and intact polyp diameter.) | Not specified/not assessable OR Label |

| **S2.04** | *Specimen sites of polyps* | See p2 |
| **S2.05** | Polyp confirmation (for each intact polyp noted in S2.02.) | Intact Fragments |
| **S2.06** | Intact polyp diameter (Repeat for each intact polyp noted in S2.02.) | _mm |
| **G2.01** | Diameter of the largest fragment | _mm OR _mm x _mm aggregate tissue |

| **G2.02** | Description of polyp (e.g. colour, shape, contour, ulceration etc.) (Repeat for each intact polyp noted in S2.02.) | See p2 |
| **S2.07** | *Specimen dimensions* | See p3 |
| | **Maximum dimension of intact specimen** | __x__mm |
| | **Maximum diameter of intact polyp** | __mm |
| | **Aggregated dimensions for fragmented polyps** | __x__mm |
| | **Maximum dimension of largest piece for fragmented polyps** | __mm |
| **G2.03** | TEMS specimen | |
| | Lesion dimensions | __x__x__mm |
| | Colour | Text |
| | Surface contour | Text |
| | Ulceration | Absent OR Present |
| **S2.08** | Nature and site of blocks | Text |

**Microscopic findings**

| **S3.01** | *Polyp type and number* | See p3 |
| | Additional features | |
| | Mitotic count | Not applicable AND/OR % |
| | Ki-67 proliferation index | |

| **S3.02** | Dysplasia | See p3 |
| (Record for each polyp or fragments per location recorded in S3.01. If present, record the grade of dysplasia. If sessile serrated adenoma with dysplasia (SSLD) selected in S3.01, S3.02 is not required.) | |
| **S3.03** | Significant villous architecture (This should be recorded for each conventional adenoma recorded in S3.01.) | Absent OR Present |

| **G3.01** | Evidence of polyposis syndrome | See p3 |

**Details**

| **G3.02** | Polyp resection (non-malignant) | Adequate OR Inadequate |
| **S3.04** | Tumour type | See p3 |
| **S3.05** | Histological tumour grade | See p3 |
| **S3.06** | Poor differentiation (undifferentiated tumour) (This should be recorded for each polyp classified as malignant in S3.01.) | Absent OR Present |
| **G3.03** | Tumour budding (After scanning 10 fields on a 20x objective lens, the hotspot field normalised to represent a field of 0.785 mm^2. If present, consider recording the number of foci.) | Cannot be assessed OR No. of tumour buds*:

| **S3.07** | Lymphatic and venous invasion (This should be recorded for each polyp classified as malignant in S3.01.) | See p3 |
| **S3.08** | Perineural invasion (This should be recorded for each polyp classified as malignant in S3.01.) | See p3 |
| **S3.09** | Margin status | Pedunculated OR Sessile OR Indeterminate |

| **S3.10** | Extent of invasion | See p3 |
| **S3.11** | Invasive carcinoma dimensions | Can’t be assessed OR Maximum depth of invasion: __mm OR Maximum width of invasion: __mm |

| **S3.12** | Coexistent abnormalities | See p3 |
| **G3.05** | Comment on risk for residual disease | Text |
| **G3.07** | Additional microscopic comment | Text |
Ancillary test findings

| S4.01 | *Mismatch repair (MMR) | See p3 |
| S4.01 | *Additional ancillary studies | See p3 |
| S4.02 | Special stains | Text |
| S4.03 | *For neuroendocrine neoplasm neuroendocrine markers | Not applicable |

**G2.02 Description of polyp**
(e.g. colour, shape, contour, ulceration etc.)

- Not specified
- Numeric: __mm
- Size range: __mm to __mm
- Size category:
  - Diminutive
  - Small
  - Large
  - Present

Note: This will be repeated for each polyp noted in S2.02

**S3.01 Polyp type and number**

Single select value list if intact polyps received. Multi select where a location has polyp fragments:

- Not polyp identified (normal mucosa)
- Tubular adenoma
- Tubulovillous adenoma
- 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*
- Neuroendocrine tumour
  - Grade 1
  - Grade 2
  - Grade 3
- Neuroendocrine carcinoma
  - Small cell type
  - Large cell type
- Mixed neuroendocrine-non-neuroendocrine neoplasm (MiNEN)
- Mucosal prolapse polyp
- Other, specify

Note: For each location from which specimens have been received and recorded in S2.02, record the type of polyp from the list below and the number of polyps/tissue pieces of that type. If carcinoma, S3.05 – S3.11 must be recorded, and consider recording G3.03-4.

**S3.02 Histological tumour grade**

- Not applicable
- Low grade \(\geq 50\%\) (formerly well to moderately differentiated)
- High grade <50\% (formerly poorly differentiated and undifferentiated)

Note: This should be recorded for each polyp classified as malignant in S3.01.

Precursor polyp/lesion
- Absent
- Present, specify type*

*Note: Refer to S3.01 Type of polyp.

**S2.04 Specimen sites of polyps**

- Not specified
- Caecum
- Ileocaecal valve
- Appendiceal orifice
- Ascending colon
- Hepatic flexure
- Transverse colon
- Splenic flexure
- Descending colon
- Sigmoid colon
- Rectosigmoid junction
- Rectum
- Anorectal junction
- Numeric: __mm from anal verge
- Other, specify

Note: This will be repeated for each specimen noted in S2.01.

For large numbers of polyps, a table may assist to present this in a clearer format.
G3.03 Tumour budding score
- Bd1 - low budding (0-4 buds)
- Bd2 - intermediate budding (5-9 buds)
- Bd3 - high budding (>10 buds)
Note: This should be recorded for each polyp classified as malignant in S3.01.

S3.07 Lymphatic and venous invasion
- Not identified
- Present
  - Small vessel (lymphatic, capillary or venular)
  - Large vessel (venous)
    - Intramural
    - Extramural
Note: This should be recorded for each polyp classified as malignant in S3.01.

S3.09 Margin status
Note: This should be recorded for each polyp classified as malignant in S3.01.

Deep margin
- Cannot be assessed
- Involved
- Not involved, specify distance to neoplasia

Distance to invasive carcinoma ___ mm

Lateral margin
- Cannot be assessed
- Involved
- Not involved, specify distance to neoplasia

Involved margin(s): Text
Distance to invasive carcinoma ___ mm

S3.10 Extent of invasion
- Non-invasive neoplasia/high grade dysplasia
- Invasion into submucosa
- Invasion into muscularis propria
- Invasion through the muscularis propria into pericolectal connective tissue
- Invasion into the surface of the visceral peritoneum
- Invasion into the adjacent structure(s)/organ(s), specify

S3.12 Coexistent abnormalities
- None noted
- Ulcerative colitis
- Crohn disease
- Primary sclerosing cholangitis (PSC)
- Inflammatory bowel disease, not otherwise specified
- Other, specify

Note: If Other is selected, provide details.
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.’

S4.01 Mismatch repair (MMR) status by immunohistochemistry
- Not tested
- Not interpretable
- MMR proficient
- MMR deficient
  - MLH1/PMS2 loss
  - MSH2/MSH6 loss
  - MSH6 loss
  - PMS2 loss
  - Other, specify

Note: Mismatch repair enzyme immunohistochemistry results may be recorded for each malignant polyp recorded in S3.01.