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

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

Clinical details

S1.02	***Clinical info. on request form** (complete as narrative or use the structured format)	See p2
G1.01	Copy to doctor	Text
S1.03	**Pathology accession number**	Text
S1.04	**Principal clinician**	Text
G1.02	Other clinical information	Text

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
		Number per container
S2.04	***Specimen sites of polyps**	See p2
S2.05	**Polyp confirmation** (Repeat 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
	*Classification	Not given OR
	*Paris Classification	Text
	*Lateral spreading tumour classification	Text
	*Optical diagnosis	Text
S2.07	***Specimen dimensions**	
	*Maximum dimension of intact specimen	__x__mm
	*Maximum diamteter 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
	Ulteration	Absent Present
S2.08	**Nature and site of blocks**	Text

Microscopic findings

S3.01	***Polyp type and number** *Additional features* *Mitotic count* *Ki-67 proliferation index*	See p2 Not applicable __/2 mm² AND/OR __%
S3.02	**Dysplasia** (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.)	Cannot be assessed Absent Present
	Grade of dysplasia (This should be recorded for each polyp recorded in S3.01.If fragments received, the highest grade of dysplasia should be recorded.)	Low grade High grade Not specified
S3.03	**Significant villous architecture** (This should be recorded for each conventional adenoma recorded in S3.01.)	Absent Present
G3.01	Evidence of polyposis syndrome	Absent Present
	Details	Text
G3.02	Polyp resection (non-malignant)	Adequate 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 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 mm². If present, consider recording the number of foci.)	Cannot be assessed OR No. of tumour buds*:__
	*Tumour budding score	See p3
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.	Not identified Present
S3.09	***Margin status**	See p3
G3.04	Morphology (This should be recorded for each polyp classified as malignant in S3.01.)	Pedunculated Sessile Indeterminate
S3.10	**Extent of invasion**	See p3
S3.11	***Invasive carcinoma dimensions**	Can't be assess'd 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
G4.01	*Additional ancillary studies	See p3
G4.02	Special stains	Text
G4.03	*For neuroendocrine neoplasm neuroendocrine markers	Not applicable
	*Neuroendocrine markers	Text
	*Ki-67 proliferation index	__%
	*Other	Text

Synthesis and overview		
G5.01	Diagnostic summary	Text
S5.01	**Overarching comment**	Text
G5.02	Edition/version of RCPA protocol	Text

S1.02/S2.01 Clinical information

Text
OR
Information not provided
OR
Structured entry as below:

Select all that apply:

- Screening colonoscopy
- Known polyposis syndrome
  - Familial adenomatous polyposis (FAP)
  - *MUTYH*-associated polyposis (MAP)
  - Serrated polyposis
  - Other, *specify*
- Lynch syndrome
- Chromic inflammatory bowel disease
  - Ulcerative colitis
  - Crohn disease
- Previous polyp(s)
- Previous colorectal cancer

S2.02 Endoscopic procedure

Not specified

OR

Select all that apply:

- Polypectomy / Endoscopic mucosal resection (EMR)
  - Cautery
    - Not specified
    - Used
    - Not used
  - Submucosal injection
    - Not specified
    - Used (EMR)
    - Not used
  - Resection type
    - Not specified
    - En bloc
    - Piecemeal
- Endoscopic submucosal dissection (ESD)
- Transanal endoscopic microsurgery (TEMS)
- Transanal minimally invasive surgery (TAMIS)
- Endoscopic full thickness resection (EFTR)
- Other, *specify*

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.

G2.02 Description of polyp

(e.g. colour, shape, contour, ulceration etc.)

Text
- Not specified
- Numeric: __mm
- Size range: __mm to __mm
- Size category:
- Diminuitive
  - 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
- Tubular adenoma, high grade
- Tubulovillous adenoma
- Tubulovillous adenoma, high grade
- 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)
- Harmatomatous polyp
- Inflammatory polyp
- 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.

S3.01 Tumour type

- Not applicable
- No evidence of residual tumour
- Adenocarcinoma, not otherwise specified (NOS)
- Mucinous adenocarcinoma
- Signet ring cell adenocarcinoma
- Medullary carcinomar
- Serrated adenocarcinoma
- Micropapillary adenocarcinoma
- Adenoma-like adenocarcinoma
- Neuroendocrine carcinoma
- Small cell type
- Large cell type
- Mixed neuroendocrine-non-neuroendocrine
- Other, *specify*

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.

S3.02 Histological tumour grade

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

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

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 pericolorectal 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.

MMR status by microsatellite instability (MSI) testing

- Not tested
- Test failed
- MSI-high
- MSI-low
- MSI-stable

G4.01 Additional ancillary studies

***BRAF* (V600E) mutation testing**

- Not tested
- Test failed
- Mutated
- Wild type

***MLH1* promoter methylation testing**

- Not tested
- Test failed
- Methylated
- Not methylated
- Inconclusive

***RAS* mutation testing**

- Not tested
- Test failed
- Mutated, *specify*
- Wild type