Tumours of the Oesophagus & Gastro-Oesophageal Junction
Histopathology Reporting Proforma

Mandatory questions (i.e. protocol standards) are in bold (e.g. S1.01).

S1.01 Identification

Family name

Given name(s)

Date of birth

Sex

- Male
- Female
- Intersex/indeterminate

Ethnicity

- Unknown
- Aboriginal/Torres Strait Islander
- Other ethnicity:

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

Date of request

S1.03 Accession number

Requesting doctor - name and contact details

s1.02 Clinical details

Tumour location

- Cervical oesophagus
- Upper thoracic
- Middle thoracic
- Lower thoracic
- Gastro-oesophageal junction

Operative procedure

- Pharyngolaryngo-oesophagectomy
- Oesophagectomy
- Oesophago-gastrectomy
- Other (specify details)

Operative method of oesophago-gastrectomy

- 3 Stage (eg McKeown)
- 1 Stage (eg Sweet)
- 2 Stage (eg Ivor-Lewis)
- Trans-hiatal

Extent of lymphadenectomy

- Three field
- Conservative
- Two field
- Two field (Infra-carinal)

Preoperative therapy

- Not administered
- Administered
  - Type:
    - Preoperative chemotherapy
    - Preoperative radiotherapy
    - Preoperative chemoradiotherapy

Involvement of adjacent organs

Presence of distant metastases

- Absent
- Present

Existence of residual cancer

- Absent
- Present

New primary cancer or recurrence

- New primary
- Recurrence – regional
- Recurrence – distant

Additional information

Principal clinician

Surgeon’s name & contact details
## Macroscopic findings

### S2.01 Type of resection
- Pharyngolaryngo-oesophagectomy
- Oesophagectomy
- Oesophago-gastrectomy
- Other (specify details)

### S2.03 Length of tubular oesophagus

<table>
<thead>
<tr>
<th>Length of greater curve stomach (if present)</th>
<th>mm</th>
</tr>
</thead>
</table>

### S2.04 Tumour site
- Cervical oesophagus
- Upper thoracic
- Middle thoracic
- Lower thoracic
- Gastro-oesophageal junction

<table>
<thead>
<tr>
<th>Midpoint of tumour to gastro-oesophageal junction</th>
<th>mm</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Distal edge of tumour to gastro-oesophageal junction</th>
<th>mm</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Proximal edge of tumour to proximal end of specimen</th>
<th>mm</th>
</tr>
</thead>
</table>

### S2.05 Maximum tumour dimension

| mm |

### S2.06 Distance of tumour to proximal or distal margin (cut end)

| mm |

| Not identifiable | Involved |

### S2.07 Distance of tumour to circumferential margin

| mm |

| Not identifiable | Involved |

### S2.08 Involvement of adjacent structures

- Pleura
- Peritoneum
- Pericardium
- Diaphragm
- Aorta
- Carotid vessels
- Azygos vein
- Trachea
- Left or right main bronchus
- Vertebral body
- Perioesophageal tissue
- Other

| Not involved |

### S2.09 Additional specimens

| Not submitted | Submitted |

### S2.10 Barrett mucosa

| Absent |

| Present |

| G2.03 Length | mm |
Microscopic findings

S3.01 Tumour location
- cervical oesophagus
- upper thoracic
- middle thoracic
- lower thoracic
- gastro-oesophageal junction

S3.02 Histologic tumour type
- Squamous cell carcinoma
- Adenocarcinoma
- Adenoid cystic carcinoma
- Adenosquamous carcinoma
- Basaloid squamous cell carcinoma
- Mucoepidermoid carcinoma
- Spindle cell (squamous) carcinoma
- Verrucous (squamous) carcinoma
- Undifferentiated carcinoma
- Other

S3.03 Histologic grade

If Adenocarcinoma
- Grade X Grade cannot be assessed
- Grade 1 Well differentiated (> 95% of tumour composed of glands)
- Grade 2 Moderately differentiated (50% - 95% of tumour composed of glands)
- Grade 3 Poorly differentiated (49% or less of tumour composed of glands)
- Grade 4 Undifferentiated

If Squamous cell carcinoma, adenosquamous carcinoma, basaloid squamous cell carcinoma, Spindle cell (squamous) carcinoma and Verrucous (squamous) carcinoma
- Grade X
- Grade 1 Well differentiated
- Grade 2 Moderately differentiated
- Grade 3 Poorly differentiated
- Grade 4 Undifferentiated

S3.04 Maximum tumour dimension

mm

S3.05 Depth of invasion
- lamina propria
- muscularis mucosae
- submucosa
- muscularis propria
- adventitial connective tissue

S3.06 Peritoneal involvement
- Absent
- Present
S3.07 Pleural involvement  
- Absent □
- Present □

S3.08 Lymphatic and capillary space invasion  
- Absent □
- Present □

Vein and artery space invasion  
- Absent □
- Present □

Perineural invasion  
- Absent □
- Present □

G3.02 Tumour budding  
- Absent □
- Present □

S3.09 Degree of regression (AJCC)  
- Grade 0: Complete Response  
  - No viable cancer cells
- Grade 1: Moderate response  
  - Single cells or small groups of cancer cells
- Grade 2: Minimal response  
  - Residual cancer outgrown by fibrosis
- Grade 3: Absent response  
  - Minimal or no tumour kill; extensive residual cancer

S3.10 SURGICAL MARGIN STATUS  
Distance of carcinoma to proximal margin  
- mm
- Involved (R1) □

Distance of carcinoma to distal margin  
- mm
- Involved (R1) □

Distance of carcinoma to radial/circumferential margin  
- mm
- Involved (R1) □

G3.03 Donut  
- Not involved □
- Involved □

S3.11 LYMPH NODE STATUS  
Main resection specimen  
Number of LN’s □
- Negative □
- Positive □ No. of positive nodes □

Separately labelled specimen 1  
Site 1: □

Number of LN’s □
- Negative □
- Positive □ No. of positive nodes □

Separately labelled specimen 2  
Site 1: □

Number of LN’s □
- Negative □
- Positive □ No. of positive nodes □

S3.12 Other pathologies  
Barrett mucosa □ Margin involvement  
- Not involved □
- Involved □

Squamous or glandular dysplasia □ Margin involvement  
- Not involved □
- Involved □

Distance of dysplasia to closest margin  
- mm

Gastritis □

Eosinophilic oesophagitis □

other □
Ancillary test findings

G4.01 Ancillary tests

Not performed [ ]
Performed [ ]

Test type 1

Results

Positive Abs
Negative Abs
Equivocal Abs

Interpretive comment

Test type 2

Results

Positive Abs
Negative Abs
Equivocal Abs

Interpretive comment

Test type 3

Results

Positive Abs
Negative Abs
Equivocal Abs

Interpretive comment

Synthesis and overview

S5.01 AJCC Tumour staging
(See next page)

AJCC Tumour staging grouping
(see next page)

S5.02 Year and edition of staging system

G5.01 Diagnostic comment
Include: Tumour location; Histologic type;
Tumour grade; Ma. tumour dimension; Lymph
nodes; Stage; Involved or close margins
(includes tumour less than 1mm from margin)

G5.02 Overarching comment
### Tumour Stage##

**Primary Tumour (T)**
- **TX**: Primary tumour cannot be assessed
- **T0**: No evidence of primary tumour
- **Tis**: 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 adventitia
- **T4**: Tumour invades adjacent structures
- **T4a**: Resectable tumour invading pleura, pericardium, or diaphragm
- **T4b**: Unresectable tumour invading other adjacent structures, such as aorta, vertebral body, trachea etc

**Regional Lymph Nodes (N)**
- **NX**: Regional lymph nodes cannot be assessed
- **N0**: No regional lymph node metastasis
- **N1**: Metastasis in 1-2 regional lymph nodes
- **N2**: Metastasis in 3-6 regional lymph nodes
- **N3**: Metastasis in seven or more regional lymph nodes

**Distant Metastasis (M)**
- **M0**: No distant metastasis
- **M1**: Distant metastasis

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### AJCC Stage grouping##

<table>
<thead>
<tr>
<th>Stage</th>
<th>T</th>
<th>N</th>
<th>M</th>
<th>Grade</th>
<th>Tumour</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Tis</td>
<td>N0</td>
<td>M0</td>
<td>1, X</td>
<td>Any</td>
</tr>
<tr>
<td>IA</td>
<td>T1</td>
<td>N0</td>
<td>M0</td>
<td>1-2, X</td>
<td>Any</td>
</tr>
<tr>
<td>IB</td>
<td>T1</td>
<td>N0</td>
<td>M0</td>
<td>3</td>
<td>Any</td>
</tr>
<tr>
<td>IIA</td>
<td>T2</td>
<td>N0</td>
<td>M0</td>
<td>1-2, X</td>
<td>Any</td>
</tr>
<tr>
<td>IIB</td>
<td>T3</td>
<td>N0</td>
<td>M0</td>
<td>Any</td>
<td></td>
</tr>
<tr>
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<td>T1-2</td>
<td>N1</td>
<td>M0</td>
<td>Any</td>
<td></td>
</tr>
<tr>
<td>IIIB</td>
<td>T3</td>
<td>N2</td>
<td>M0</td>
<td>Any</td>
<td></td>
</tr>
<tr>
<td>IIIC</td>
<td>T4a</td>
<td>N1-2</td>
<td>M0</td>
<td>Any</td>
<td></td>
</tr>
<tr>
<td>IV</td>
<td>Any</td>
<td>Any</td>
<td>M1</td>
<td>Any</td>
<td></td>
</tr>
</tbody>
</table>

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**Squamous cell carcinoma**

- **0**: Tis (HGD*) N0 M0 1, X Any
- **IA**: T1 N0 M0 1-2, X Any
- **IB**: T1 N0 M0 3 Any
- **IIA**: T2 N0 M0 1-2, X Any
- **IIB**: T3 N0 M0 Any
- **IIIA**: T1-2 N1 M0 Any
- **IIIB**: T3 N2 M0 Any
- **IIIC**: T4a N1-2 M0 Any
- **IV**: Any Any M1 Any

**Adenocarcinoma**

- **0**: Tis (HGD*) N0 M0 1, X
- **IA**: T1 N0 M0 1-2, X
- **IB**: T1 N0 M0 3
- **IIA**: T2 N0 M0 1-2, X
- **IIB**: T3 N0 M0 Any
- **IIIA**: T1-2 N1 M0 Any
- **IIIB**: T3 N2 M0 Any
- **IIIC**: T4a N1-2 M0 Any
- **IV**: Any Any M1 Any

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*HGD, high grade dysplasia.

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* Or mixed histology including a squamous component or NOS.
** Location of the primary cancer is defined by the position of the upper (proximal) edge of the tumour in the gastrointestinal tract.

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