

A guide to Gastric Cancer Histopathology Reporting

Includes the  International Collaboration on Cancer reporting dataset denoted by *



Clinical details			Microscopic findings		
S1.02	Clinical info. on request form (complete as narrative or use the structured format below)	Text	S3.01	Tumour site	Text
	*Relevant biopsy results	Text	S3.02	*Histological tumour type	See p2
	*Previous diagnosis and treatment for gastric cancer	Text		*Lauren classification (applicable to adenocarcinoma)	Intestinal Diffuse Mixed Indeterminate
	*Endoscopic location of hte tumour	Text	S3.03	*Histologic tumour grade	See p2
	*Clinical staging	Text	S3.04	*Extent of invasion	See p2
	*Previous partial gastrectomy	Text	S3.05	Serosal surface involvement	Indeterminate Absent Present
	*History of chronic gastritis	Text	G3.01	*Perineural invasion	Not identified Present
	*Other clinical information	Text	S3.06	*Lymphovascular invasion	Not identified Present
	*Neoadjuvant therapy	Info not provided Not administered Administered, <i>describe</i>	S3.07	*Response to neoadjuvant therapy	See p2
	*Operative procedure	See p2	S3.08	*Margin status	See p2
G1.01	Copy to doctor	Text	S3.09	*Lymph node status	No nodes submitted OR
S1.03	Pathology accession number	Text		*Number of lymph nodes examined	Number cannot be assessed OR —
S1.04	Principal clinician	Text		*Number of positive lymph nodes	—
G1.02	Other clinical information	Text	S3.10	*Coexistent pathology	See p2
Macroscopic findings			S3.11	*Histologically confirmed distant metastases	Not identified Present, <i>specify site(s)</i>
S2.01	Specimen labelled as	Text	G3.02	Additional microscopic comment	Text
S2.02	Clinical information	Text	Ancillary test findings		
S2.03	*Operative procedure	See p2	S4.01	MSI/MMR testing	Not performed MSI/MMR testing, <i>record results</i>
S2.04	*Specimen dimensions	__ mm	G4.01	*Other ancillary studies	See p3
S2.05	*Tumour focality	See p2		*Neuroendocrine neoplasm markers	Not applicable Text
	<i>Tumours in specimen</i>	—	Synthesis and overview		
S2.06	*Tumour site	See p2	S5.01	*PATHOLOGICAL STAGING	See p3
S2.07	*Maximum tumour dimension *Repeat tumour identification and maximum dimension for each tumour identified OR For a large number of tumours include a range: __mm to __mm	Can't be assess'd, <i>specify</i> Tumour identification __mm max dimension (largest tumour)	S5.03	Year and edition of staging system	Text
	*Additional dimensions (largest tumour)	__mm x __mm	G5.01	Diagnostic summary	Text
G2.01	*Macroscopic tumour type	See p2		Include: Specimen submitted; Tumour type; Tumour stage; Whether or not the specimen margins are involved.	
S2.08	Dist. of tumour to nearest proximal or distal margin	__mm AND Text (margin, if possible)	G5.02	Overarching comment	Text
S2.09	Dist. of tumour to the circumferential resection margin (Applicable to tumours of the cardia)	__mm	G5.03	Edition/version of RCPA protocol	Text
S2.10	Serosa appearance	Text			
S2.11	Involvement of adjacent organs	Text			
S2.12	Distant metastases	Text			
S2.13	Block identification key	Text			
G2.02	Other macroscopic comment	Text			

S1.02/S2.03 Operative procedure

Text

OR

Not specified

Select all that apply:

- Gastrectomy
 - ◊ Sub-total
 - ◊ Total
- Oesophagogastronomy
- Other, *specify*

S2.05 Tumour focality

- Unifocal
- Multifocal, *specify number of tumours in specimen*
- Cannot be assessed, *specify*

Note: If multiple primary tumours are present, separate protocols should be used to record htis and all following elements for each primary tumour.

S2.06 Tumour site

Not specified

OR

Cannot be determined

Select all that apply:

- Region
 - o Upper third
 - o Middle third
 - o Distal third
- Curvature
 - o Greater
 - o Lesser
- Wall
 - o Anterior
 - o Posterior
- Other, *specify*

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*

S3.02 Histological tumour type

- Tubular adenocarcinoma
- Papillary adenocarcinoma
- Mucinous adenocarcinoma
- Poorly cohesive carcinoma, including signet-ring cell carcinoma and other subtypes
- Mixed adenocarcinoma
- Other histological type/subtype, *specify*
- Cannot be assessed

S3.03 Histological tumour grade

- Not applicable
- Cannot be assessed
- Low grade (well and moderately differentiated)
- High grade (poorly differentiated)
- Other, *specify*

S3.03 Extent of invasion

- Cannot be assessed
- No evidence of primary tumour
- Carcinoma in situ (intraepithelial tumour without invasion of the lamina propir, 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)
- Invasin into the serosa (visceral peritoneum)
- Invasion into adjacent structures/organs, *specify*

S3.07 Response to neoadjuvant therapy

- Cannot be assessed, *specify*
- No neoadjuvant treatment
- Complete response - no viable caner 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)

S3.09 Margin status

Invasive carcinoma

- Cannot be assessed
- Not involved
 - o Distance of tumour from closest margin, *specify distance* ___mm
 - o Specify closest margin, if possible
- Involved
 - o Distal
 - o Proximal
 - o Circumferential/Radial

Dysplasia

- Cannot be assessed
- Not involved
- Involved
 - o Carcinoma in situ/high grade dysplasia
 - o Low grade
- Specify margin
 - o Distal
 - o Proximal
 - o Other, *specify*

S3.10 Coexistent pathology

None identified

OR

Select all that apply:

- *Helicobacter* gastritis
- Autoimmune gastritis
- Reactive gastritis
- Gastric polyps, *specify*
- Intestinal metaplasia
- Dysplasia
 - o Low grade
 - o High grade
 - o Indeterminate
- Synchronous carcinoma(s), *specify*'
- Other, *specify*

**Note: Reserved for cases in which an accurate determination between rectum and sigmoid cannot be made by pathological assessment and clinical information regarding site is not available.*

G4.01 Other ancillary studies

Not performed
OR

Select all that apply:

- HER2 testing performed, *record results*
- Epstein-Barr virus (EBV)-status (e.g. EBV encoded RNA (EBER) in situ hybridisation), *record results*
- PD-L1 IHC, *record results*
- Other, *specify*

S5.01 Pathological staging (AJCC 8th edition)^{##}

Suffixes

m - multiple primary tumours; y - post therapy; r - recurrent

Primary Tumour (T)

- 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 mucosa, or submucosa
- pT1a Tumour invades lamina propria or muscularis mucosae
- pT1b Tumour invades submucosa
- T2 Tumour invades muscularis propria*
- T3 Tumour invades subserosal connective tissue without invasion of the visceral peritoneum or adjacent structures^{^~}
- T4 Tumour penetrates serosa (visceral peritoneum) or adjacent structures^{^~}
- pT4a Tumour perforates serosa (visceral peritoneum)
- pT4b Tumour invades adjacent structures/organs

* 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.

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

[~] 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.

Regional lymph node (pN)

- NX Regional lymph nodes 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
- pN3a Metastasis in seven to 15 regional lymph nodes
- pN3b Metastasis in 16 or more regional lymph nodes

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