**Colorectal Cancer Structured Pathology Reporting Proforma**

Mandatory questions (i.e. protocol standards) are in bold (e.g. **S1.03**).

### Family name

### Given name(s)

### Date of birth

**DD - MM - YYYY**

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

### Date of request

**DD - MM - YYYY**

### Accession number

### Requesting doctor - name and contact details

<table>
<thead>
<tr>
<th>Operating surgeon name (if different from above) &amp; contact details</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Perforation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absent ☐   Present ☑</td>
</tr>
</tbody>
</table>

**Nature of perforation:**

- Through tumour prior to surgery ☐
- Through tumour during surgery mobilisation ☐
- Away from tumour ☐

**Clinical obstruction:**

- Absent ☐   Present ☐

<table>
<thead>
<tr>
<th>Tumour location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caecum ☐</td>
</tr>
<tr>
<td>Ascending colon ☐</td>
</tr>
<tr>
<td>Hepatic flexure ☐</td>
</tr>
<tr>
<td>Transverse colon ☐</td>
</tr>
<tr>
<td>Splenic flexure ☐</td>
</tr>
<tr>
<td>Descending colon ☐</td>
</tr>
<tr>
<td>Sigmoid colon ☐</td>
</tr>
<tr>
<td>Rectosigmoid junction ☐</td>
</tr>
<tr>
<td>Rectum ☐</td>
</tr>
</tbody>
</table>

For synchronous tumours indicate each other site *(Note: Synchronous tumours should be reported separately – this identifies the presence of other synchronous tumours for which separate reports will be submitted.)*

### Distance from the anal verge *(rectal tumours only)*

**cm**

### Type of operation

- Right hemicolecctomy ☐
- Extended right hemicolecctomy ☐
- Transverse colectomy ☐
- Left hemicolecctomy ☐
- Anterior resection ☐
- High ☐   Low ☐   Ultralow ☐
- Abdominoperineal resection ☐
- Proctocolectomy ☐
- Total colectomy with ileorectal anastomosis ☐
- Hartmann’s procedure ☐
- Other procedure(s):

### Pre-operative radiotherapy

- No ☐   Yes ☑

- Short course ☐
- Long course ☐

### Surgeon’s opinion on the existence of local residual cancer postsurgery

### Involvement of adjacent organs

### New primary cancer or recurrence

- New primary ☐
- Regional (local) recurrence ☐

- Distant metastases ☐

- Details:

Version 3.0 Proforma from Colorectal Cancer Structured Reporting Protocol 2nd Edition
Macroscopic findings

S2.01 Specimen length

mm

S2.02 Tumour site

- Caecum
- Ascending colon
- Hepatic flexure
- Transverse colon
- Splenic flexure
- Descending colon
- Sigmoid colon
- Rectosigmoid junction
- Rectum

S2.03 Maximum tumour diameter

mm

S2.04 Distance of tumour to the nearer proximal or distal ‘cut end’

mm

S2.05 Distance of tumour to the nonperitonealised circumferential margin

mm

S2.06 Tumour perforation

- Absent
- Present

S2.07 Relationship to anterior peritoneal reflection (rectal tumours)

- Entirely above
- Astride
- Entirely below

S2.08 Intactness of mesorectum (rectal resections)

- Incomplete (grade 1)
- Nearly complete (grade 2)
- Complete (grade 3)

S2.09 Nature and sites of all blocks

G2.01 Peritoneum

- Tumour invades to the peritoneal surface
- Tumour has formed nodule(s) discrete from the tumour mass along the serosal surface

G2.02 Lymph nodes

- Not received
- Received

- No. of lymph nodes per cassette

in cassette

in cassette

in cassette

G2.03 Polyp

- Absent
- Present

Polyp summary (numbers, diameter range and gross appearance):

G2.04 Other macroscopic comments

G2.05 Other relevant details
**Microscopic findings**

**S3.01 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

**S3.02 Histological grade**
- Low grade well and moderately differentiated
- High grade poorly and undifferentiated

**S3.03 Maximum degree of local invasion into or through the bowel wall**
- pT1-Tumour invades submucosa
- pT2-Tumour invades muscularis propria
- pT3-Tumour invades through muscularis propria into pericolorectal tissues
- pT4a-Tumour penetrates to the surface of the visceral peritoneum
- pT4b-Tumour directly invades or is adherent to other organs or structures

**S3.04 Involvement of the proximal or distal resection (‘cut end’) margins**
- Involved
  - Distal
  - Proximal
- Not involved
  - Clearance (if the margin is less than 10 mm)
  - Clearance ≥10 mm

**S3.05 Status of the nonperitonealised circumferential margin (rectal tumours)**
- Involved
- Not involved
  - Microscopic clearance

**S3.06 Lymph node involvement**
- Absent
- Present

<table>
<thead>
<tr>
<th>SITE 1</th>
<th>Number of positive nodes</th>
<th>Total number of nodes from this site</th>
</tr>
</thead>
<tbody>
<tr>
<td>SITE 2</td>
<td></td>
<td></td>
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<tr>
<td>SITE 3</td>
<td></td>
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</tbody>
</table>

**Isolated extra-mural tumour deposits:**
- Absent
- Present

**G3.01 Apical node involvement**
- Not applicable
- Absent
- Present

**S3.07 Venous and small vessel invasion**
- Intramural vein invasion
- Extramural vein invasion
- Small vessel invasion

<table>
<thead>
<tr>
<th>G3.02 Perineural invasion</th>
</tr>
</thead>
</table>
| Not identified
| Present
| Present and extensive|
S3.08  Histologically confirmed distant metastases

Absence □ Present □

Site(s):

S3.09  Relevant coexistent pathological abnormalities

None noted □ Ulcerative colitis □

With dysplasia □ Without dysplasia □

Crohn’s disease □

With dysplasia □ Without dysplasia □

Other □ Describe:

Polyps □

Polyp details (type, number, polyposis syndrome criteria met etc):

S3.10  Microscopic residual tumour status (completeness of resection)

S3.11  Response to neoadjuvant therapy

No prior treatment □

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 (poor response) □

Minimal or no tumour kill; extensive

G3.03  Microscopic comments

Ancillary test findings

G4.01  Mismatch repair enzymes

<table>
<thead>
<tr>
<th>MLH-1</th>
<th>PMS-2</th>
<th>MSH-2</th>
<th>MSH-6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not tested</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal staining</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Loss of staining</td>
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Comments

Microsatellite instability (MSI):

Unstable □ Stable □ Not tested □

Lab performing test and report number:

BRAF (V600E mutation):

Mutated □ Wild type □ Not tested □

Lab performing test and report number:

Comments

G4.02  RAS gene mutation testing

(KRAS exons 2,3, or 4, NRAS exons 2,3, or 4 or RAS mutation)

Mutated □ Wild type □ Not tested □

Lab performing test and report number:
### TNM definitions**

#### T classification - Primary tumour
- **TX**: Primary tumour cannot be assessed
- **T0**: No evidence of primary tumour
- **Tis**: Carcinoma in situ: intraepithelial or invasion of lamina propria
- **T1**: Tumour invades submucosa
- **T2**: Tumour invades muscularis propria
- **T3**: Tumour invades through the muscularis propria into pericolorectal tissues
- **T4a**: Tumour penetrates to the surface of the visceral peritoneum
- **T4b**: Tumour directly invades or is adherent to other organs or structures

#### N classification - Regional lymph nodes
- **NX**: Regional lymph nodes cannot be assessed
- **N0**: No regional lymph node metastasis
- **N1**: Metastasis in 1-3 regional lymph nodes
  - **N1a**: Metastasis in one regional lymph node
  - **N1b**: Metastasis in 2-3 regional lymph nodes
- **N1c**: Tumour deposit(s) in the subserosa, mesentery, or nonperitonealised pericolic or perirectal tissues without regional nodal metastasis
- **N2**: Metastasis in 4 or more regional lymph nodes
  - **N2a**: Metastasis in 4-6 regional lymph nodes
  - **N2b**: Metastasis in 7 or more regional lymph nodes

#### M classification - Distant metastasis
- **M0**: No distant metastasis
- **M1**: Distant metastasis
  - **M1a**: Metastasis confined to one organ or site (e.g., liver, lung, ovary, nonregional node)
  - **M1b**: Metastases in more than one organ/site or the peritoneum

### Stage Grouping

<table>
<thead>
<tr>
<th>Stage</th>
<th>T</th>
<th>N</th>
<th>M</th>
</tr>
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<tbody>
<tr>
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<td>N0</td>
<td>M0</td>
</tr>
<tr>
<td>I</td>
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<tr>
<td>IIC</td>
<td>T4b</td>
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<td>M0</td>
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<td>T1-T2</td>
<td>N1/N1c</td>
<td>M0</td>
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<tr>
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<td>T1</td>
<td>N2a</td>
<td>M0</td>
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<tr>
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<td>T3-T4a</td>
<td>N1/N1c</td>
<td>M0</td>
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<td>N2b</td>
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<tr>
<td></td>
<td>T4b</td>
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<td>Any N</td>
<td>M1a</td>
</tr>
<tr>
<td>IVB</td>
<td>Any T</td>
<td>Any N</td>
<td>M1b</td>
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