

A guide to Oesophageal and Gastro-oesophageal Junction Cancer Histopathology Reporting



Clinical details		Macroscopic findings (cont.)	
S1.02 Clinical information provided on request form (complete as narrative or use the structured format below)	Text	S2.05 Maximum tumour dimension	___mm
Tumour location (choose all that apply)	cervical oesophagus upper thoracic middle thoracic lower thoracic GOJ	G2.01 Maximum tumour thickness	___mm
Operative procedure	See p2	G2.02 Gross appearance of tumour	Text
Operative method of oesophago-gastrectomy	3 Stage 2 Stage 1 Stage Trans-hiatal	S2.06 Distance of tumour from to proximal or distal margin (cut end)	___mm OR Not identifiable OR Involved
Extent of lymphadenectomy	3 field 2 field 2 field (Infra-carinal) Conservative	S2.07 Distance of tumour from to circumferential margin	___mm OR Not identifiable OR Involved
Preoperative therapy	Administered Not administered	S2.08 Involvement of adjacent structures (choose all that apply)	Pleura Peritoneum Pericardium Diaphragm Aorta Carotid vessels Azygos vein Trachea Left main bronchus Rt main bronchus Vertebral body Perioesophageal tiss. Other
If administered, record type	Preop chemo Preop radiotherapy Preop chemo/rad.	If other, describe	Text
Involvement of adjacent organs	Text	S2.09 Barrett mucosa	Absent Present
Distant metastases	Absent Present	G2.03 Length of Barrett mucosa	___mm
If present, describe	Text	S2.10 Additional specimens	Not submitted Submitted
Existence of residual cancer	Absent Present	If submitted, record details	Text
New primary cancer or recurrence	New primary Recurrence–regional Recurrence - distant	S2.11 Nature and site of all blocks	Text
S1.03 Pathology accession no.	Text	G2.04 Other macroscopic comment	Text
S1.04 Principal clinician	Text	Microscopic findings	
S1.05 Surgeon's name & contact details	Text	S3.01 Tumour location	cervical oesoph. upper thoracic middle thoracic lower thoracic GOJ
G1.01 Other clinical information received	Text	S3.02 Histological type	See p2
Macroscopic findings		S3.03 Histologic grade	See p2
S2.01 Type of resection	See p2	G3.01 Pattern of growth	Expanding Infiltrating
S2.03 Length of tubular oesoph.	___mm	S3.04 Maximum tumour dimension	___mm
Length of greater curve stomach (if present)	___mm	S3.05 Depth of invasion	lamina propria musc. mucosae submucosa musc. propria ad. connective tissue
S2.04 Tumour site (choose all that apply)	cervical oesoph. upper thoracic middle thoracic lower thoracic GOJ	S3.06 Peritoneal involvement	Absent Present
Proximal edge of tumour to proximal end of specimen	___mm	S3.07 Pleural involvement	Absent Present
Distal edge of tumour to GOJ	___mm	S3.08 Lymphatic and capillary space invasion	Absent Present
Midpoint of tumour to GOJ	___mm		

Microscopic findings (cont.)		
	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 Grade 1 Grade 2 Grade 3
S3.10	Distance of carcinoma to proximal margin	___mm OR Involved (R1)
	Distance of carcinoma to distal margin	___mm OR Involved (R1)
	Dist.of carcinoma to radial/circumferential margin	___mm OR Involved (R1)
G3.03	Donut	Involved Not involved
S3.11	LYMPH NODE STATUS	
	Main resection specimen	No. of LNs <i>AND</i> Negative Positive
	If positive, record no. positive nodes	___
	For each separately labelled specimen record	Site No. of LNs <i>AND</i> Negative Positive
	If positive, record no. positive nodes	___
S3.12	Other pathologies (choose all that apply)	Barrett mucosa Squamous dysplasia Glandular dysplasia Gastritis Eosinophilic oes'itis Other
	If other, describe	Text
	If Barrett mucosa or dysplasia record margin involvement	Involved Not involved
	Distance of dysplasia to closest margin	___mm
G3.04	Other microscopic comment	Text
Ancillary test findings		
G4.01	Ancillary tests	Performed Not performed
	If performed, record	Test type eg IHC Result Interpretation
	If Immunohistochem., record antibodies	Positive Ab Negative Ab Equivocal Ab

Synthesis and overview		
S5.01	AJCC Stage and stage grouping	See p3
S5.02	Year of publication & edition of cancer staging system	Text
G5.01	Diagnostic summary.	Text
	Include:	<ul style="list-style-type: none"> • Tumour location • Histologic type • Tumour grade • Maximum tumour dimension • Lymph nodes • Stage • Involved or close margins (includes tumour less than 1mm from margin)
G5.02	Overarching comment	Text

NOTES

S1.02 Operative procedure

S2.01 Type of resection

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

S3.02 Histological 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 (specify)

S3.03 Histologic grade

If Adenocarcinoma:

- Grade X Grade cannot be assessed
- Grade 1 Well differentiated (greater than 95% of tumour composed of glands).
- Grade 2 Moderately differentiated (50% to 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

Note

1. Grade X tumours are grouped as grade 1 carcinomas.
2. Mucoepidermoid carcinoma and adenoid cystic carcinoma of the oesophagus are not graded.
3. If small cell carcinomas OR undifferentiated carcinoma record grade as 4. Signet-ring cell carcinoma is classified as grade 3.

S5.01 AJCC 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

** (1) At least maximal dimension of the tumour must be recorded and (2) multiple tumours require the T(m) suffix.

*** High grade dysplasia includes all noninvasive neoplastic epithelia that was formerly called carcinoma in-situ, a diagnosis that is no longer used for columnar mucosae anywhere in the gastrointestinal tract.

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

* Number must be recorded for the total number of regional nodes sampled and total number of reported nodes with metastasis.

Distant Metastasis (M)

M0	No distant metastasis
M1	Distant metastasis

S5.01 AJCC Stage grouping##

Squamous cell carcinoma*

Stage	T	N	M	Grade	Tumour Location**
0	Tis	N0	M0	1,X	Any
IA	T1	N0	M0	1,X	Any
IB	T1	N0	M0	2-3	Any
	T2-3	N0	M0	1,X	Lower, X
IIA	T2-3	N0	M0	1,X	Upper, middle
	T2-3	N0	M0	2-3	Lower, X
IIB	T2-3	N0	M0	2-3	Upper, middle
	T1-2	N1	M0	Any	Any
IIIA	T1-2	N2	M0	Any	Any
	T3	N1	M0	Any	Any
	T4a	N0	M0	Any	Any
IIIB	T3	N2	M0	Any	Any
	T4a	N1-2	M0	Any	Any
IIIC	T4b	Any	M0	Any	Any
	Any	N3	m0	Any	Any
IV	Any	Any	M1	Any	Any

* 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 oesophagus.

Adenocarcinoma

Stage	T	N	M	Grade
O	Tis (HGD*)	N0	M0	1, X
IA	T1	N0	M0	1-2, X
	T1	N0	M0	3
IB	T2	N0	M0	1-2, X
	T2	N0	M0	3
IIA	T3	N0	M0	Any
	T1-2	N1	M0	Any
IIIB	T1-2	N2	M0	Any
	T3	N1	M0	Any
	T4a	N0	M0	Any
IIIC	T3	N2	M0	Any
	T4a	N1-2	M0	Any
IV	T4b	Any	M0	Any
	Any	N3	M0	Any
IV	Any	Any	M1	Any

*HGD, high grade dysplasia.

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