

**AUSTRALIAN PATHOLOGY UNITS
AND TERMINOLOGY**

(APUTS)

**Reporting Terminology and Codes
Anatomical Pathology**

(v2.1)



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Terminology for Gastric Cancer reporting

TRIM Document #: D167563

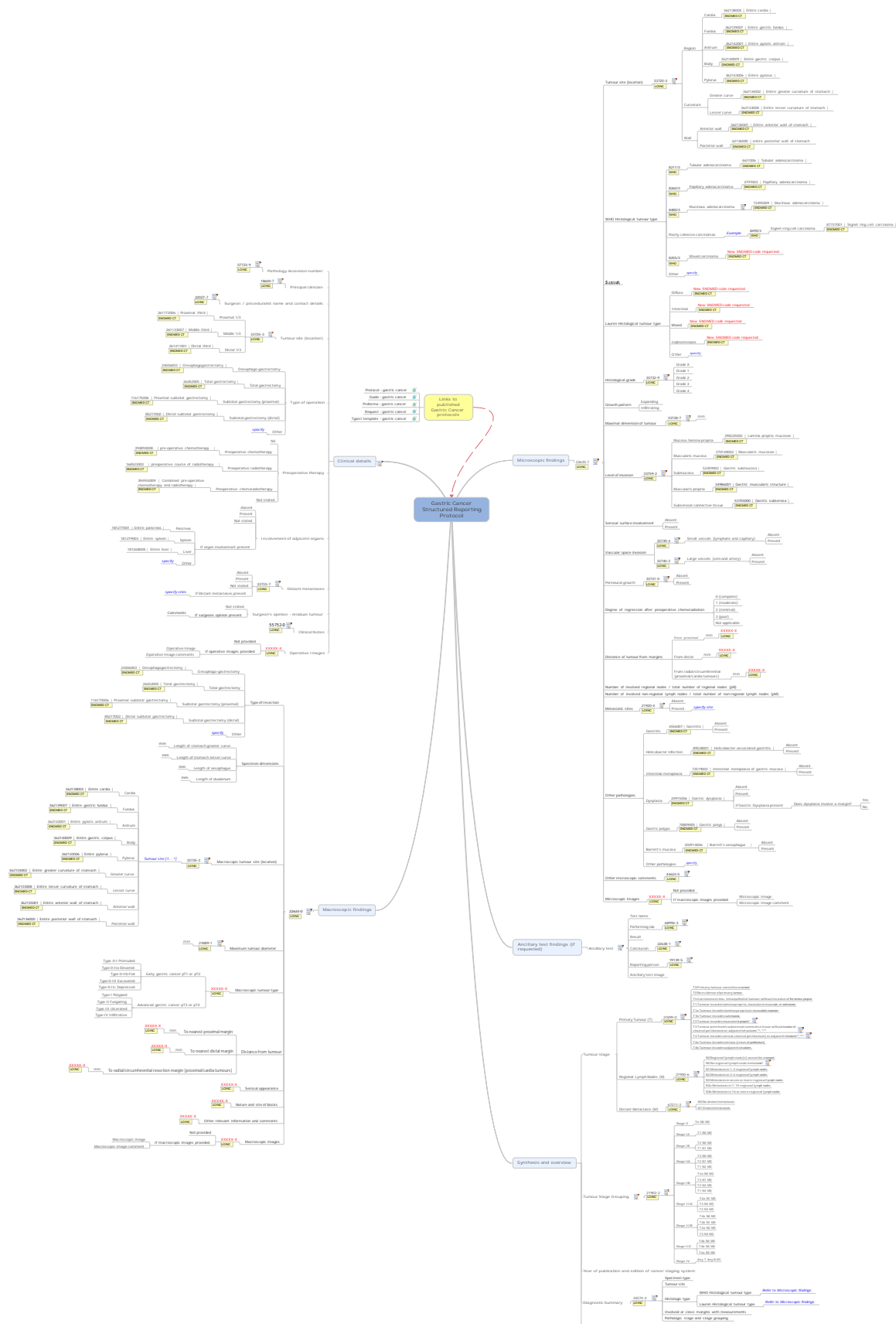
Document History:

Version	Reason for Change	Author	Date
1.0	Initial Terminology for Gastric Cancer reporting, as part of the PITUS project.	Donna Moore	06-May-14
1.1	After public feedback and approval by PITUS steering committee the following changes were made: - added comment for missing LOINC codes marked as 'XXXXX-X' Comment added was 'LOINC code pending. Currently no code is available.'	Donna Moore	28-Oct-14

Gastric Cancer Report								
	LOINC	Component	Property	Timing	System	Scale	Method	LongName
Clinical Details	70949-3	Pathology report.section heading	-	Pt	XXX	Nom		
Pathology Accession number	57723-9	Unique bar code number	ID	Pt	Current sample	Nom		Unique bar code number of Current sample
Principial clinician	18600-7	Primary practitioner ID	ID	Pt	Provider	Nom		Primary practitioner identifier
Surgeon / proceduralist name	22027-7	Surgeon primary	ID	Pt	^Patient	Nom		Surgeon primary [Identifier]
Tumour site (location)	33725-3	Tumor site	Anat	Pt	Specimen	Nom	CAP cancer protocols	Tumor site by CAP cancer protocols
Type of surgery	XXXXX-X							
Preoperative therapy	XXXXX-X							
Involvement of adjacent organs	XXXXX-X							
Distant metastases	33733-7	Sites of distant metastasis	Anat	Pt	Specimen	Nar	CAP cancer protocols	Sites of distant metastasis by CAP cancer protocols
Surgeon's opinion - residual tumour	XXXXX-X							
Clinical Notes	55752-0	Clinical information	Find	Pt	^Patient	Nar		Clinical information
Operative images	XXXXX-X							
Macroscopic findings	70949-3	Pathology report.section heading	-	Pt	XXX	Nom		
Macroscopic findings	22634-0	Path report.gross observation	Find	Pt	Specimen	Nar		Pathology report gross observation Narrative
Type of resection	XXXXX-X							
Specimen dimensions	XXXXX-X							
Macroscopic Tumour site (location)	33725-3	Tumor site	Anat	Pt	Specimen	Nom	CAP cancer protocols	Tumor site by CAP cancer protocols
Maximum tumour diameter	21889-1	Size	Len	Pt	Tumor	Qn		Size Tumor
Macroscopic tumour type	XXXXX-X							
Distance from tumour								
To nearest proximal margin	XXXXX-X							
To nearest distal margin	XXXXX-X							
To radial/circumferential resection margin (proximal/cardia tumours)	XXXXX-X							
Serosal appearance	XXXXX-X							
Nature and site of blocks	XXXXX-X							
Other relevant information and comments	XXXXX-X							
Macroscopic images	XXXXX-X							
Microscopic findings	70949-3	Pathology report.section heading	-	Pt	XXX	Nom		
Microscopic findings	22635-7	Path report.microscopic observation	Prid	Pt	Specimen	Nar	XXX stain	Pathology report microscopic observation Narrative Other stain
Tumour site (location)	33725-3	Tumor site	Anat	Pt	Specimen	Nom	CAP cancer protocols	Tumor site by CAP cancer protocols
WHO Histological tumour type	XXXXX-X							
Lauren Histological tumour type	XXXXX-X							
Histological grade	33732-9	Histology grade	Prid	Pt	Cancer.XXX	Nom	CAP cancer protocols	Histology grade by CAP cancer protocols
Growth pattern	XXXXX-X							
Maximal dimension of tumour	33728-7	Size.max.dimension	Len	Pt	Tumor	Qn	CAP cancer protocols	Size.maximum dimension in Tumor by CAP cancer protocols
Level of invasion	33759-2	Extent of invasion deepest	Type	Pt	Specimen	Ord	CAP cancer protocols	Deepest extent of invasion by CAP cancer protocols
Serosal surface involvement	XXXXX-X							
Vascular space invasion:								
Small vessels (lymphatic and capillary)	33739-4	Lymphatic.small vessel.invasion	Prid	Pt	Specimen	Nom	CAP cancer protocols	Lymphatic.small vessel.invasion by CAP cancer protocols
Large vessels (vein and artery)	33740-2	Venous.large vessel.invasion	Prid	Pt	Specimen	Nom	CAP cancer protocols	Venous.large vessel.invasion by CAP cancer protocols
Perineural growth	33741-0	Perineural invasion	Type	Pt	Specimen	Nom	CAP cancer protocols	Perineural invasion by CAP cancer protocols
Degree of regression after preoperative chemoradiation	XXXXX-X							
Distance of tumour from margins:								
From proximal	XXXXX-X							
From distal	XXXXX-X							
From radial/circumferential (proximal/cardia tumours)	XXXXX-X							

Number of involved regional nodes / total number of regional nodes (pN)	XXXXX-X							
Number of involved non-regional lymph nodes / total number of non-regional lymph nodes (pM)	XXXXX-X							
Metastatic sites (if present)	21920-4	Site of distant metastasis	Anat	Pt	Cancer.XXX	Nom		Site of distant metastasis Cancer
Other pathologies	XXXXX-X							
Other microscopic comments	44624-5	Additional pathological findings	Find	Pt	Tumor	Nom	CAP cancer protocols	Additional pathological findings in Tumor by CAP cancer protocols
Microscopic Images	XXXXX-X							
Ancillary study	70949-3	Pathology report.section heading	-	Pt	XXX	Nom		
Test Name	Refer to APUTS preferred name for the test							
Performing lab	68994-3	Performing laboratory name	ID	Pt	Facility	Nom		Performing laboratory name
Result	N/A							
Conclusion	22638-1	Path report.comments	Imp	Pt	Specimen	Nar		Pathology report comments Narrative
Reporting person	19139-5	Pathologist name	Pn	Pt	Provider	Nom		Pathologist name
Synthesis and overview	70949-3	Pathology report.section heading	-	Pt	XXX	Nom		
Tumour stage:								
Primary Tumour (T)	21899-0	Primary tumor.pathology	Prid	Pt	Cancer.XXX	Nom		Primary tumor.pathology Cancer
Regional Lymph Nodes (N)	21900-6	Regional lymph nodes.pathology	Class	Pt	Cancer.XXX	Nom		Regional lymph nodes.pathology [Class] Cancer
Distant Metastasis (M)	67211-3	TNM pathologic staging - distant metastases - M	Find	Pt	^Patient	Ord	PhenX	TNM pathologic staging - distant metastases - M [PhenX]
Tumour Stage Grouping	21902-2	Stage group.pathology	Class	Pt	Cancer.XXX	Nom		Stage group.pathology Cancer
Year of publication and edition of cancer staging system	XXXXX-X							
Diagnostic summary	34574-4	Path report.final diagnosis	Imp	Pt	Specimen	Nom		Pathology report final diagnosis
Other relevant comments	22638-1	Path report.comments	Imp	Pt	Specimen	Nar		Pathology report comments Narrative

Gastric Cancer mapped to SNOMED CT		
	Preferred name	SNOMED CT MAPPING
Clinical details		
Tumour site (location)		
	Proximal 1/3	261172006 Proximal third
	Middle 1/3	261133007 Middle third
	Distal 1/3	261411001 Distal third
Type of operation		
	Oesophago-gastrectomy	24506003 Oesophagogastrectomy
	Total gastrectomy	26452005 Total gastrectomy
	Subtotal gastrectomy (proximal)	116175006 Proximal subtotal gastrectomy
	Subtotal gastrectomy (distal)	85217002 Distal subtotal gastrectomy
Pre-operative therapy		
	Pre-operative chemotherapy	394894008 pre-operative chemotherapy
	Pre-operative radiotherapy	168523002 preoperative course of radiotherapy
	Pre-operative chemotherapy and radiotherapy	394934009 Combined pre-operative chemotherapy and radiotherapy
Involvement of adjacent organs		
	Pancreas involvement	181277001 Entire pancreas
	Spleen involvement	181279003 Entire spleen
	Liver involvement	181268008 Entire liver
Macroscopic findings		
Type of resection		
	Oesophago-gastrectomy	24506003 Oesophagogastrectomy
	Total gastrectomy	26452005 Total gastrectomy
	Subtotal gastrectomy (proximal)	116175006 Proximal subtotal gastrectomy
	Subtotal gastrectomy (distal)	85217002 Distal subtotal gastrectomy
Tumour site (location)		
	Cardia	362138004 Entire cardia
	Fundus	362139007 Entire gastric fundus
	Antrum	362142001 Entire pyloric antrum
	Body	362140009 Entire gastric corpus
	Pylorus	362143006 Entire pylorus
	Greater curvature	362134002 Entire greater curvature of stomach
	Lesser curvature	362133008 Entire lesser curvature of stomach
	Anterior wall	362135001 Entire anterior wall of stomach
	Posterior wall	362136000 Entire posterior wall of stomach
Microscopic findings		
Tumour site (location)		
	Cardia	362138004 Entire cardia
	Fundus	362139007 Entire gastric fundus
	Antrum	362142001 Entire pyloric antrum
	Body	362140009 Entire gastric corpus
	Pylorus	362143006 Entire pylorus
	Greater curvature	362134002 Entire greater curvature of stomach
	Lesser curvature	362133008 Entire lesser curvature of stomach
	Anterior wall	362135001 Entire anterior wall of stomach
	Posterior wall	362136000 Entire posterior wall of stomach
WHO Histological tumour type		
	Tubular adenocarcinoma	4631006 Tubular adenocarcinoma
	Papillary adenocarcinoma	4797003 Papillary adenocarcinoma
	Mucinous adenocarcinoma	72495009 Mucinous adenocarcinoma
	Poorly cohesive carcinomas, including signet-ring cell carcinoma	Request new SNOMED CT code
	Mixed carcinoma	Request new SNOMED CT code
Lauren Histological grade		
	Diffuse	Request new SNOMED CT code
	Intestinal	Request new SNOMED CT code
	Mixed	Request new SNOMED CT code
	Indeterminate	Request new SNOMED CT code
Level of invasion		
	Mucosa /lamina propria	298225002 Lamina propria mucosae
	Muscularis mucosa	370140002 Muscularis mucosae
	Submucosa	52459002 Gastric submucosa
	Muscularis propria	34986001 Gastric muscularis structure
	Subserosal connective tissue	53755000 Gastric subserosa
Other pathologies		
	Gastritis	4556007 Gastritis
	Helicobacter infection	89538001 Helicobacter-associated gastritis
	Intestinal metaplasia	72519002 Intestinal metaplasia of gastric mucosa
	Dysplasia	20915006 Gastric dysplasia
	Gastric polyp	78809005 Gastric polyp
	Barrett's mucosa	302914006 Barrett's oesophagus



Terminology for Reporting Pathology: Generic Surgical Pathology Report

TRIM Document #: D156346

Document History:

Version	Reason for Change	Author	Date
1.0	Initial Terminology for Microbiology: Organisms mapped to SNOMED CT, published by the RCPA Pathology Units and Terminology Standardisation Project.	Michael Legg / Dr Christiaan Swanepoel	12-Feb-13
2.0	Added Document Revision History worksheet. Changed the filename from " <i>PUTS Generic Surgical Pathology Draft Terminology reference set</i> " to " <i>APUTS Generic Surgical Pathology terminology reference set</i> " Changed "Short Code Description" to "Component" to be consistent to the other dataset spreadsheets. Added columns for LOINC Property, Timing, System, Scale and Method, so it was consistent to other dataset spreadsheets. Corrected LOINC code 53098-7 to 50398-7, this was a typo error in the Molecular section of Ancillary studies. Removed the "Generic SurgPath Rep" worksheet as it had duplication of information that is on the main worksheet.	Donna Moore	06-Jun-14
2.1	After public feedback and approval by PITUS steering committee the following changes were made: - added comment for missing LOINC codes marked as 'XXXXX-X'. Comment added was 'LOINC code pending. Currently no code is available.'	Donna Moore	28-Oct-14

Generic Surgical Pathology Report

All of the LOINC Codes identify only "Headers" or "Titles", denoting a section of the report. None defines a single atomic element or test result.

Item Description	Subheadings	LOINC	Component	Property	Timing	System	Scale	Method	Long name	Class/type	Notes
<p>Clinical History Section</p> <p>The clinical information section includes more than one source or relevance. It provides a brief account of the patient's clinical information, past and present state of health that may be relevant to the tissue sample the pathologist is examining. This information may be provided on the request form and is then quoted verbatim (narrative). It may also be provided by other means such as telephone conversation, consultation or other. There are good reasons for separating these different forms of clinical information so each source can be qualified by its veracity. eg.</p>		22636-5	Path report.relevant Hx	Find	Pt	Specimen	Nar		Pathology report relevant history	TUMRRGT/Clinical	"Relevant clinical information, generally stating the patient's past history of cancer, pre-operative diagnosis, and/or the reason the specimen was collected... NAACCR Data Standards and Data Dictionary Version 11"
<p>Specimen</p>		22633-2	Path report.site of origin	Anat	Pt	Specimen	Nar			TUMRRGT/Clinical	Describes the site (s) and laterality of the specimen (s). If there is more than one specimen included on the pathology report, each is generally assigned an identifying letter or numeral... NAACCR Data Standards and Data Dictionary Version 11
<p>Gross/Macroscopic Observation</p> <p>The gross/macroscopic description section contains the written description (e.g. size, weight, colour, etc.) of all tissue or other materials received by the surgical pathology laboratory; it also includes vital documentation of the specimen's handling within the laboratory (e.g. type of fixative used, length of time in fixative, etc.) and the tissue's disposition. This section may also include information on intra-operative consultations such as frozen sections or intra-operative cytology (e.g. fine-needle aspirations, smear preparations). This section is used in traditional narrative reports as well as within structured templates for specific cancers or other conditions.</p>		22634-0	Path report.gross observation	Find	Pt	Specimen	Nar		Pathology report gross observation	TUMRRGT/Clinical	"A physical desc. of gross appear. of specimen (source, size, color, unusual features, location of visible lesion, margins, markings placed by surgeon) & labeling scheme used by pathologist for assigning portions of specimen to blocks or cassettes... NAACCR Data Standards and Data Dictionary Version 11

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Item Description	Subheadings	LOINC	Component	Property	Timing	System	Scale	Method	Long name	Class/type	Notes
<p>Microscopic Observation</p> <p>The microscopic description section describes the salient morphological findings of the case. Specific attributes that the pathologist may look for and report in the microscopic section include: histologic grade, tumor margins, assigning of the pathological stage (pT, and when appropriate, the pN stage). In structured reports, the microscopic section may consist entirely of atomic data but may contain narrative describing unexpected findings, elements of uncertainty or anything which is beyond synoptic capture. In traditional (unstructured) reports, this takes narrative form.</p>		22635-7	Path report.microscopic observation	Prid	Pt	Specimen	Nar	XXX stain	Pathology report microscopic observation Other stain	TUMRRGT/Clinical	"Findings and description of the presence or absence of disease in each section of the specimen(s). Generally include the types of tissues, cells, or mitotic activity observed... NAACCR Data Standards and Data Dictionary Version 11"
<p>Ancillary Studies</p> <p>The section lists the additional studies such as Immunohistochemistry, FISH, Flow or Molecular studies which may be performed. Ancillary studies may be used to determine lineage, clonality or disease classification or subclassification; as prognostic biomarkers; or to indicate the likelihood of patient response to specific biologic therapies. The information recorded may be derived within the reporting laboratory itself or sourced from an external or reference laboratory.</p>	Immunohistochemistry	XXXXX-X									There are 326 entries in LOINC for the "Method type" = "Immune stain". Each is a specific assay eg. CD117. We need a Header or Title Code for Immunohistochemistry.
	Flow cytometry	XXXXX-X									There are 74 entries under "Method Type" = "Flow Cytometry". None appears to be a header and each governs a specific assay or use case.
	Cytogenetics	55228-1	Study report	Find	Pt	^Patient	Doc	Cytogenetics	Cytogenetic Study	ATTACH.CLINRPT/Attachment	There are 12 entries under "Method Type" = "Cytogenetics". 11 of these are for specific karyotypic abnormalities. 55228-1 is an NAACR code for "Study Report". "Finding; Findings; Point in time; Random; Cytog; Karyotype". Long Common name = "Cytogenetics Study". Probably appropriate.
		62365-2	Diagnostic Impression	Imp	Pt	XXX	Nar	Molgen	Diagnostic impression [interpretation] in Unspecified specimen by Molecular genetics method Narrative	HL7.CYTOGEN/Lab	Diagnostic impression. "The narrative description about the diagnostic impression. This is often presented as a section header." Exemplar answer: "Diagnostic Impression: Metaphase cells analyzed revealed an abnormal male chromosome complement with an additional chromosome 16 seen in each metaphase. These results are consistent with the diagnosis of Trisomy 16.††Trisomy 16 is not an uncommon finding in first trimester pregnancy loss" YET! Related names says: "; Diagnostic imp; Interpretation; Interp; Impressions; Point in time; Random; Misc; Miscellaneous; Unspecified; Other; Narrative; Report; PCR; Molecular genetics"

Generic Surgical Pathology Report

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Item Description	Subheadings	LOINC	Component	Property	Timing	System	Scale	Method	Long name	Class/type	Notes
	Molecular	50396-1	Molecular diagnostic major findings for display	Prid	Pt	Bld/Tiss	Nom	Molgen	Molecular diagnostic major findings for display [Identifier] in Blood or Tissue by Molecular genetics method NominalMolecular diagnostic major findings for display [Identifier] in Blood or Tissue by Molecular genetics method NominalMolecular diagnostic major findings for display:	MOLPATH.MISC/Lab	"Molecular diagnostic major findings for display". "Molecular diagnostic major findings for display [Identifier] in Blood or Tissue by Molecular genetics method Nominal". Method Code "MOLGEN"
		50397-9	Molecular diagnostic overall interpretation	ACnc	Pt	Bld/Tiss	Ord	Molgen	Molecular diagnostic overall interpretation [Presence] in Blood or Tissue by Molecular genetics method	MOLPATH.MISC/Lab	"Molecular diagnostic overall interpretation" "; Mol dx interp; Interp; Intrp; Interpret; Interpt; Arbitrary concentration; Point in time; Random; Bld/T; Tissue; Bld/T; Blood; WB; Whole blood; QL; Ordinal; QL; Qualitative; Qual; Screen; PCR; Molecular genetics; Miscellaneous molecular pathology; Molecular pathology"
		50398-7	Narrative diagnostic report	Imp	Pt	Bld/Tiss	Nar	Molgen	Narrative diagnostic report [interpretation] in Blood or Tissue by Molecular genetics method	HL7.GENETICS/Lab	"Narrative diagnostic report" "Interpretation; Interp; Impression; Impressions; Point in time; Random; Bld/T; Tissue; Bld/T; Blood; WB; Whole blood; PCR; Molecular genetics; MOLPATH.GENERAL"
	Other	XXXXX-X									
Commentary This is the bringing together multiple elements to create a connected whole. Overarching case commentary may be used: Combine observations from the preceding sections to deduce or synthesise new information Document any noteworthy adverse gross and/or histological features Explain any elements of clinicopathological ambiguity Express any diagnostic subtlety or nuance that is beyond synoptic capture Document further consultation or results still pending.		22638-1	Path report.comments	Imp	Pt	Specimen	Nar		Pathology report comments	TUMRRGT/Clinical	"Additional comments from the pathologist regarding situations such as possible source of the metastases, comparison to previous specimens, need for additional surgery or specimens, and usefulness of additional stain/examinations, if applicable... NAACCR Data Standards and Data Dictionary Version 11"
		50595-8	Pathologist interpretation	Imp	Pt	XXX	Nom			Pathologist interpretation of Unspecified specimen tests	PATH/Lab


Generic Surgical Pathology Report



All of the LOINC Codes identify only "Headers" or "Titles", denoting a section of the report. None defines a single atomic element or test result.



Item Description	Subheadings	LOINC	Component	Property	Timing	System	Scale	Method	Long name	Class/type	Notes
<p>Diagnostic summary</p> <p>The diagnostic summary includes the agreed essential elements from the report which encapsulate the results, usually in a single sentence.</p> <p>This is not new information but a compilation of specific elements reiterated as a summary. The specific elements to be recorded are defined in each specific cancer protocol. In general, whether a report is structured or narrative, the summary includes the site of biopsy, the nature of the specimen, the diagnosis and completeness of excision. Stage and grade are commonly included depending upon the circumstances.</p>		22637-3	Path report.final diagnosis	Imp	Pt	Specimen	Nar		Pathology report final diagnosis	TUMRRGT/Clinical	Summarizes the microscopic findings for each specimen examined. Confirms or denies gross findings of malignancy, given the histologic type of the cancer and in some instances the grade... NAACCR Data Standards and Data Dictionary Version 11
<p>Supplementary reports</p> <p>A supplementary report is a new version of a previously issued report.</p> <p>They may issued to correct an error (amended report), or to add additional information (addendum).</p> <p>Where supplementary reports alter information previously given, the changes that are made are listed and the reason is given.</p>		22639-9	Path report.supplemental reports	Find	Pt	Specimen	Nar		Pathology report supplemental reports Narrative	TUMRRGT/Clinical	"Info attached to report, generally after original issued. Includes subsequent testing/stains, comparison with previous specimens, 2nd opinions from other pathologists or labs, or a change in diagnosis resulting from re-examining or re-sampling specimen.. NAACCR Data Standards and Data Dictionary Version 11"







Generic Surgical Pathology Report

Clinical History Section   22636-5 LN



Specimen  22633-2 LN


Gross/Macroscopic Observation   22634-0 LN

Microscopic observation   22635-7 LN

Ancillary Studies 
Immunohistochemistry 
Flow cytometry 
Cytogenetics 
Molecular 
Other 

Commentary   22638-1 LN
 50595-8 LN

Diagnostic summary   22637-3 LN

Supplementary reports   22639-9 LN