Carcinoma of the Stomach Histopathology Reporting Guide



Family/Last name	Date of birth DD - MM - YYYY
Given name(s)	
Patient identifiers	Date of request Accession/Laboratory number
Elements in black text are CORE. Elements in grey text are indicates multi-select values indicates single select values	SCOPE OF THIS DATASET
CLINICAL INFORMATION (select all that apply)	NEOADJUVANT THERAPY
Information not provided Relevant biopsy results, specify	✓ Information not provided✓ Not administered✓ Administered, describe
Previous diagnosis and treatment for gastric cancer, specify	
	OPERATIVE PROCEDURE Not specified
Endoscopic location of the tumour, specify	Gastrectomy Sub-total Total Oesophagogastrectomy Other, specify
Clinical staging, specify level of involvement, distant metastases	
Previous partial gastrectomy procedure, <i>specify</i>	SPECIMEN DIMENSIONS
Proceeding partial guestions, procedure, specify	Length of stomach greater curve mm
	Length of stomach lesser curve mm
History of chronic gastritis, specify	Length of oesophagus mm
	Length of duodenum mm
Other, specify	TUMOUR FOCALITY ^a Unifocal Multifocal, specify number of tumours in specimen
	Cannot be assessed, specify
	a If multiple primary tumours are present, separate datasets should be used to record this and all following elements for each primary

TUMOUR SITE (select all that apply)	HISTOLOGICAL TUMOUR GRADE
Not specified	Not applicable
Region	Cannot be assessed
▼ _	Low grade (well and moderately differentiated)
Upper third Middle third Distal third	, , ,
Curvature	High grade (poorly differentiated)
☐ Greater ☐ Lesser	Other, specify
☐ Wall	
Anterior Posterior	
Other, specify	
	EXTENT OF INVASION
	Cannot be assessed
	No evidence of primary tumour
TUMOUD DIMENSIONS	Carcinoma in situ (intraepithelial tumour without
TUMOUR DIMENSIONS	invasion of the lamina propria, high grade dysplasia)
Maximum tumour dimension	Invasion into the lamina propria
	Invasion into the muscularis mucosae
mm	Invasion into the submucosa
A LIPPE A LIP	Invasion into the muscularis propria
Additional dimensions mm x mm	 Invasion into the subserosal connective tissue (without invasion of the visceral peritoneum or adjacent structures)
_	 Invasion into the serosa (visceral peritoneum)
Cannot be assessed, <i>specify</i>	Invasion into adjacent structure(s)/organ(s), specify
V	V
MACROSCOPIC TUMOUR TYPE	
○ Not applicable	
Cannot be assessed	LYMPHOVASCULAR INVASION
O Polypoid mass (Borrmann type I)	
Ulcerative (Borrmann type II)	Not identified
Infiltrative ulcerative (Borrmann type III)	Present
Diffuse infiltrative (Borrmann type IV)	
Other, specify	
V Culting Speciny	PERINEURAL INVASION
	Not identified
	Present
HISTOLOGICAL TUMOUR TYPE	
World Health Organization (WHO) Classification	
(Value list based on the WHO Classification of Tumours of the Gastrointestinal Tract (2019))	RESPONSE TO NEOADJUVANT THERAPY
~ "	No neoadjuvant treatment
Cannot be assessed	Complete response - no viable cancer cells (score 0)
Tubular adenocarcinoma	Near complete response - single cells or rare small
O Papillary adenocarcinoma	groups of cancer cells (score 1)
Mucinous adenocarcinoma	Partial response - residual cancer with evident tumour
O Poorly cohesive carcinoma, including signet-ring cell	regression, but more than single cells or rare groups
carcinoma and other subtypes	of cancer cells (score 2)
Mixed adenocarcinoma	O Poor or no response - extensive residual cancer with
Other histological type/subtype, <i>specify</i>	no evident tumour regression (score 3)
•	Cannot be assessed, specify
Lauren Classification (Applicable to gastric adenocarcinomas)	
(Applicable to gastric adenocarcinomas)	
○ Intestinal	
Opiffuse	
Mixed	
○ Indeterminate	

MARGIN STATUS	ANCILLARY STUDIES
Invasive carcinoma	For neuroendocrine neoplasms only
Cannot be assessed	Not applicable
Not involved	Neuroendocrine markers (chromogranin A, synaptophysin, vother), specify test(s) performed and result(s) if available
Distance of tumour from closest mm margin	
Specify closest margin, if possible	
☐ Involved (select all that apply)☐ Distal	AND
Proximal Circumferential/Radial	Ki-67 proliferation index
Dysplasia	Other gastric carcinomas
Cannot be assessed Not involved	Not performed Performed (select all that apply)
☐ Involved ☐ Carcinoma in situ/high grade dysplasia ☐ Low grade	HER2 testing performed, record result(s)
Specify margin (select all that apply)	
☐ Distal ☐ Proximal ☐ Other, specify	Microsatellite instability (MSI)/Mismatch repair (MMR) testing, record result(s)
LYMPH NODE STATUS	Epstein-Barr virus (EBV)-status (e.g., EBV encoded RNA (EBER) in situ hybridisation), record result(s)
Cannot be assessedNo nodes submitted or found	
Number of lymph nodes examined	Other, specify test(s) and result(s)
○ Not involved	
Involved	
Number of involved lymph nodes	
COEXISTENT PATHOLOGY (select all that apply)	HISTOLOGICALLY CONFIRMED DISTANT METASTASES
None identified	Not identified
☐ Helicobacter gastritis	Present, specify site(s)
☐ Autoimmune gastritis☐ Reactive gastritis	· I
☐ Intestinal metaplasia	
Gastric polyps, specify	
Dysplasia Low grade High grade	
☐ Indeterminate☐ Synchronous carcinoma(s), specify	
Synchronous carcinoma(s), specify	
Other, specify	

PATHOLOGICAL STAGING (UICC TNM 8th edition)b
TNM Descriptors (only if applicable) (select all that apply)
m - multiple primary tumoursr - recurrent
y - post-therapy
Primary tumour (pT)
TX Primary tumour cannot be assessed
To 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 mucosae, or submucosa
T1a Tumour invades lamina propria or muscularis mucosae
T1b Tumour invades submucosa
T2 Tumour invades muscularis propria
○ T3 Tumour invades subserosa
 T4 Tumour perforates serosa (visceral peritoneum) or invades adjacent structures^{c,d,e}
T4a Tumour perforates serosa
T4b Tumour invades adjacent structures ^{c,d}
Regional lymph nodes (pN)
NX Regional lymph node(s) cannot be assessed
N0 No regional lymph node metastasis
○ N1 Metastasis in 1 to 2 regional lymph nodes
N2 Metastasis in 3 to 6 regional lymph nodes
N3 Metastasis in 7 or more regional lymph nodes
N3a Metastasis in 7 to 15 regional lymph nodes
N3b Metastasis in 16 or more regional lymph nodes
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^b Reproduced with permission. Source: UICC TNM Classification of Malignant Tumours, 8 th Edition, eds by James D. Brierley, Mary K. Gospodarowicz, Christian Wittekind. 2016, Publisher Wiley-Blackwell.
^c 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 classified by the depth of greatest invasion in any of these sites including stomach.
^e Tumour that extends into gastrocolic or gastrohepatic ligaments or into greater or lesser omentum, without perforation of visceral peritoneum,
is T3.