### CLINICAL INFORMATION
- **Known polyposis syndrome**
  - Familial adenomatous polyposis (FAP)
  - MUTYH-associated polyposis (MAP)
  - Serrated polyposis
  - Other, specify
- **Chronic inflammatory bowel disease**
  - Ulcerative colitis
  - Crohn disease
- **Previous polyph(s)**
- **Previous colorectal cancer**
  - Other, specify

### TUMOUR SITE
- **Not specified**
- Caecum
- Ascending colon
- Hepatic flexure
- Transverse colon
- Splenic flexure
- Descending colon
- Sigmoid colon
- Rectosigmoid
- Rectum
  - Other, specify

### TUMOUR DIMENSIONS
- **Maximum tumour dimension**

### PERFORATION
- **Not identified**
- Present
  - Through tumour (tumour perforation)
  - Not involving tumour

### RELATION OF TUMOUR TO ANTERIOR PERITONEAL REFLECTION
- (Applicable to any specimen containing a rectal cancer e.g., anterior resection, abdominoperineal resection, proctocolectomy)
- **Not applicable**
- Entirely above
- Entirely below
- Astride

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PLANE OF MESORECTAL EXCISION
(Applicable to any specimen containing a rectal cancer e.g., anterior resection, abdominoperineal resection, proctocolectomy)
- Not applicable
- Mesorectal fascia (complete)
- Intramesorectal (near complete)
- Muscularis propria (incomplete)

PLANE OF SPHINCTER EXCISION
(Applicable to abdominoperineal excision specimens only and should be reported in addition to the mesorectal plane)
- Extralevator plane
- Sphincteric plane
- Intrasphincteric plane

PLANE OF MESOCOLIC EXCISION
(Applicable to any specimen containing a colon cancer)
- Mesocolic plane
- Intramesocolic plane
- Muscularis propria plane

HISTOLOGICAL TUMOUR TYPE
(Value list from the World Health Organization Classification of Tumours of the Gastrointestinal Tract (2019))
- No evidence of residual tumour
- Adenocarcinoma not otherwise specified (NOS)
- Mucinous adenocarcinoma
- Signet-ring cell adenocarcinoma
- Medullary carcinoma
- Serrated adenocarcinoma
- Micropapillary adenocarcinoma
- Adenoma-like adenocarcinoma
- Neuroendocrine carcinoma
  - Small cell type
  - Large cell type
- Mixed neuroendocrine-non-neuroendocrine neoplasm (MiNEN)
- Other, specify

HISTOLOGICAL TUMOUR GRADE
(Only adenocarcinoma NOS and mucinous adenocarcinoma should be graded)
- Not applicable
- Low grade (formerly well to moderately differentiated)
- High grade (formerly poorly differentiated)

EXTENT OF INVASION
- Cannot be assessed
- No evidence of primary tumour
- High grade dysplasia/non-invasive neoplasia
- Invasion into submucosa
- Invasion into muscularis propria
- Invasion into subserosa or into pericolic or perilctal connective tissues
- Invasion onto the surface of the visceral peritoneum
- Invasion directly into other structures/organisms, specify

MEASUREMENT OF INVASION BEYOND MUSCULARIS PROPIA
(Only applicable to pT3 tumours)
- Cannot be assessed
- Distance of invasion beyond the muscularis propria, to nearest 1 mm

LYMPHATIC AND VENOUS INVASION
- Not identified
- Present
  - Small vessel (lymphatic, capillary or venular)
  - Large vessel (venous)
    - Intramural
    - Extramural

PERINEURAL INVASION
- Not identified
- Present

LYMPH NODE STATUS
- Cannot be assessed
- No nodes submitted or found
- Number of lymph nodes examined
- Not involved
- Involved
  - Number of involved lymph nodes

TUMOUR DEPOSITS
- Not identified
- Present
  - Number of tumour deposits

TUMOUR BUDDING
(Should only be reported in non-mucinous and non-signet ring cell adenocarcinoma areas)
- Cannot be assessed
- Number of tumour buds
- Tumour budding score
  - Bd1 - low budding (0-4 buds)
  - Bd2 - intermediate budding (5-9 buds)
  - Bd3 - high budding (≥10 buds)

*After scanning 10 fields on a 20x objective lens, the hotspot field normalised to represent a field of 0.785 mm².*
RESPONSE TO NEOADJUVANT THERAPY

- No neoadjuvant treatment
- Complete response – no viable cancer cells (score 0)
- Near complete response – single cells or rare groups of cancer cells (score 1)
- Partial response – residual cancer with evident tumour regression (score 2)
- Poor or no response – extensive residual cancer with no evident tumour regression (score 3)
- Cannot be assessed, specify

MARGIN STATUS

**Longitudinal margin status**

- Cannot be assessed
- Not involved, estimate distance to closer margin\(^e\)
  - mm
- Involved, specify proximal or distal margin\(^e\)

\(^e\) Includes assessment of any separately submitted anastomotic ring(s).

**Circumferential margin status**

- Cannot be assessed
- Not involved, specify distance to nearest 1 mm or \(\geq 10\) mm
  - mm OR \(\geq 10\) mm
- Involved (\(\leq 1\) mm), specify 0 mm or distance to nearest 0.1 mm
  - mm
  - By primary tumour
  - By other, specify

COEXISTENT PATHOLOGY (select all that apply)

- None identified
- Polyp(s), specify
- Synchronous carcinoma(s), specify
- Other, specify

ANCILLARY STUDIES (select all that apply)

**For neuroendocrine neoplasms only**

- Not applicable
- Neuroendocrine markers, specify result(s) if available

AND

- Ki-67 proliferation index %

Mismatch repair (MMR) immunohistochemistry

- Not tested
- Not interpretable
- MMR proficient
- MMR deficient
  - MLH1/PMS2 loss
  - MSH2/MSH6 loss
  - MSH6 loss
  - PMS2 loss
  - Other, specify

MMR status by microsatellite instability (MSI) testing

- Not tested
- Test failed
- MSI-high
- MSI-low
- MS-stable

BRAF V600E mutation testing

- Not tested
- Test failed
- Mutated
- Wild type

MLH1 promoter methylation testing

- Not tested
- Test failed
- Methylated
- Not methylated
- Inconclusive

Other, specify

HISTOLOGICALLY CONFIRMED DISTANT METASTASES

- Not identified
- Present, specify site(s)
### PATHOLOGICAL STAGING (UICC TNM 8th edition)

#### TNM Descriptors (only if applicable) (select all that apply)
- m - multiple primary tumours
- r - recurrent
- y - post-therapy

#### Primary tumour (pT)
- TX Primary tumour cannot be assessed
- T0 No evidence of primary tumour
- Tis Carcinoma in situ: invasion of lamina propria
- T1 Tumour invades submucosa
- T2 Tumour invades muscularis propria
- T3 Tumour invades subserosa or into non-peritonealized pericolic or perirectal tissues
- T4 Tumour directly invades other organs or structures and/or perforates visceral peritoneum
  - T4a Tumour perforates visceral peritoneum
  - T4b Tumour directly invades other organs or structures

- Use of the category pTis is not approved in this dataset.
- Perforation in this context implies penetration of the visceral peritoneum.

#### Regional lymph nodes (pN)
- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph node metastasis
- N1 Metastasis in 1 to 3 regional lymph nodes
  - N1a Metastasis in 1 regional lymph node
  - N1b Metastasis in 2 to 3 regional lymph nodes
  - N1c Tumour deposit(s), i.e., satellites, in the subserosa, or in non-peritonealized pericolic or perirectal soft tissue without regional lymph node 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

- Tumour deposits (satellites) are discrete macroscopic or microscopic nodules of cancer in the pericolorectal adipose tissue's lymph drainage area of a primary carcinoma that are discontinuous from the primary and without histological evidence of residual lymph node or identifiable vascular or neural structures.

#### Distant metastasis (pM)
- M0 No distant metastasis
- M1 Distant metastasis
  - M1a Metastasis confined to one organ (liver, lung, ovary, non-regional lymph node(s)) without peritoneal metastasis
  - M1b Metastasis in more than one organ
  - M1c Metastasis to the peritoneum with or without other organ involvement

- No pathological stage use clinical stage cM0.

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