Macroscopic appearance (Non-core)

There is no evidence that macroscopic appearance has prognostic value in oesophageal cancer. However, the macroscopic appearance of the lesion, such as having an ulcerative appearance, could indicate the potential for a more advanced lesion.

The pathologist could also refer to the endoscopic appearance, if available, to compare the morphology (Figures 1 and 2).

An intramucosal cancer generally has a flat appearance (Paris classification 0-IIa, 0-IIb,). By contrast, a submucosally invasive cancer often has an excavated (Paris classification 0-IIc, 0-III) and sometimes a polypoid morphology (Paris classification 0-I).[1] In squamous cell carcinoma of the oesophagus, classification of surface vessels and intrapapillary capillary loops also allows accurate assessment of invasion depth.[2,3]

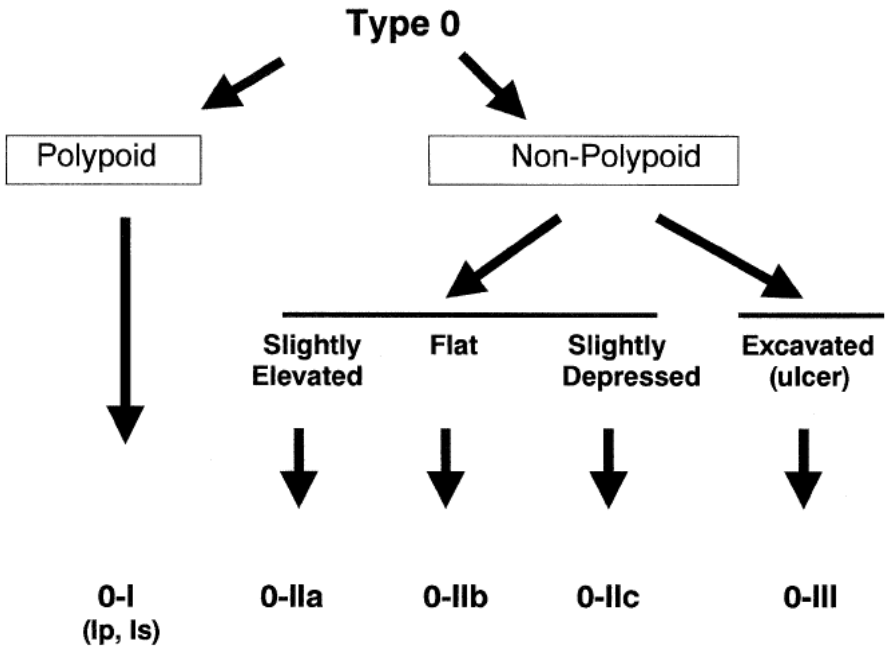

Figure 1: Neoplastic lesions with 'superficial' morphology. Reproduced with permission from Paris workshop participants (2003). The Paris endoscopic classification of superficial neoplastic lesions: oesophagus, stomach, and colon: November 30 to December 1, 2002. *Gastrointest Endosc* 58(6 Suppl):S3-43.[1]

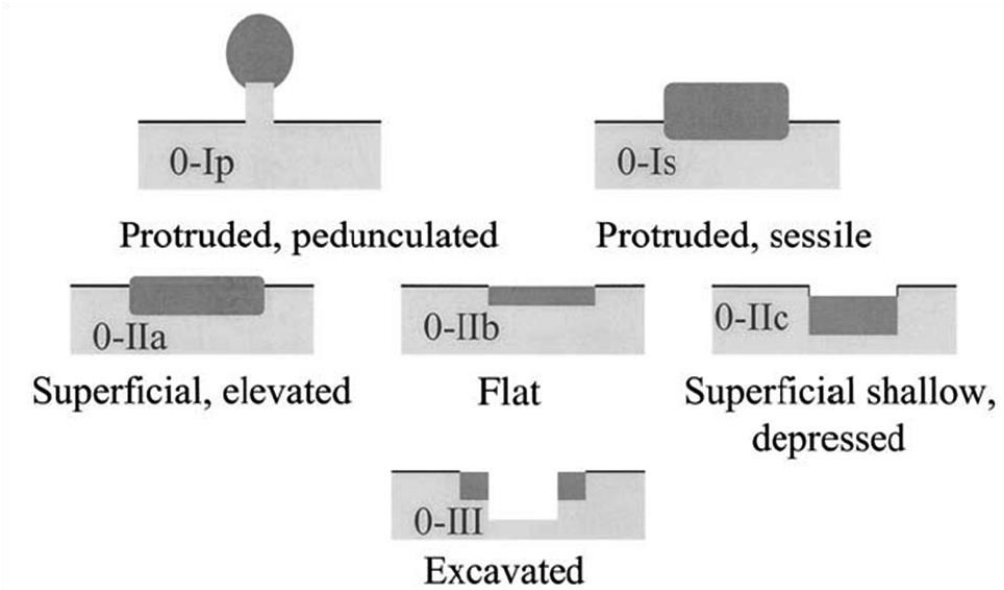

Figure 2: Schematic representation of the major variants of type 0 neoplastic lesions of the digestive tract: polypoid (Ip and Is), non-polypoid (IIa, IIb, and IIc), non-polypoid and excavated (III). Terminology as proposed in a consensus macroscopic description of superficial neoplastic lesions. Reproduced with permission from Paris workshop participants (2003). The Paris endoscopic classification of superficial neoplastic lesions: oesophagus, stomach, and colon: November 30 to December 1, 2002. *Gastrointest Endosc* 58(6 Suppl):S3-43.[1]

References

1 Participants in the Paris Workshop (2003). The Paris endoscopic classification of superficial neoplastic lesions: esophagus, stomach, and colon: November 30 to December 1, 2002. *Gastrointest Endosc* 58(6 Suppl):S3-43.

2 Inoue H, Kaga M, Ikeda H, Sato C, Sato H, Minami H, Santi EG, Hayee B and Eleftheriadis N (2015). Magnification endoscopy in esophageal squamous cell carcinoma: a review of the intrapapillary capillary loop classification. *Ann Gastroenterol* 28(1):41-48.

3 Sharma P, Shaheen NJ, Katzka D and Bergman J (2020). AGA clinical practice update on endoscopic treatment of Barrett's esophagus with dysplasia and/or early cancer: expert review. *Gastroenterology* 158(3):760-769.