

## Histological tumour grade (Core)

The three-tiered grading system, applicable for tubular and papillary adenocarcinomas, is recommended by the Union for International Cancer Control (UICC)<sup>1</sup>/American Joint Committee on Cancer (AJCC)<sup>2</sup> 8<sup>th</sup> edition Staging Systems as follows:

- G1: Well differentiated
- G2: Moderately differentiated
- G3: Poorly differentiated, undifferentiated

The AJCC 8<sup>th</sup> edition also recommends that the highest grade is recorded if there is evidence of more than one grade or level of differentiation of the tumour.<sup>2</sup> The Stomach Endoscopic Resection Dataset Authoring Committee recommended that the UICC<sup>1</sup>/AJCC<sup>2</sup> grading system for endoscopic specimens should be a core element because tumour grade may be more relevant in locally excised tumour specimens.

It is noted that the World Health Organization Classification recommends a two-tiered system: low grade (well and moderately differentiated) and high grade (poorly differentiated).<sup>3</sup>

Histopathological grading does not independently affect patient survival after R0 resection; however, poor histopathological grade is associated with high rate of R1 and R2 resections.<sup>4</sup>

As discussed in 'Endoscopic procedure', the criteria for endoscopic resections are different between well/moderately differentiated and poorly/undifferentiated tumours. Some (but not all) studies have shown that poorly differentiated/undifferentiated mucosal and submucosal gastric cancer are associated with a high risk for lymphovascular invasion/lymph node metastasis.<sup>5-7</sup>

## References

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