

Margin status (Core)

Resection margins of gastrectomy specimens include proximal, distal and radial/circumferential margins. Depending on the tumour location or histological tumour type, proximal and distal margins may only be assessed macroscopically. The radial margin is often the closest margin, especially for tumours close to the oesophagogastric junction, and it is usually measured microscopically. In the gastric body and antrum, the lesser omental (hepatoduodenal and hepatogastric ligaments) can be considered as radial resection margins and distance between the tumour and these margins may be measured macroscopically.

The definition of what constitutes a positive resection margin differs between the United States (US) and United Kingdom (UK)/Europe. The College of American Pathologists (CAP) defines a positive margin (incomplete resection, R1) as the presence of tumour cells directly at the resection margin,¹ whereas The Royal College of Pathologists, UK, defines R1 tumours as those having tumour cells present within 1 mm of the margin.² A positive margin is associated with a poor prognosis. However, at this stage no consensus on the definition of margin positivity has been reached.

References

- 1 College of American Pathologists (2020). *Protocol for the examination of specimens from patients with carcinoma of the stomach*. Available from: <https://documents.cap.org/protocols/cp-giupper-esophagus-20-4100.pdf> (Accessed 9th October 2020).
- 2 Royal College of Pathologists (2019). *Dataset for the histopathological reporting of oesophageal and gastric carcinoma*. Available from: <https://www.rcpath.org/uploads/assets/f8b1ea3d-5529-4f85-984c8d4d8556e0b7/068e9093-0aea-4316-bdd49771564784b9/g006-dataset-for-histopathological-reporting-of-oesophageal-and-gastric-carcinoma.pdf> (Accessed 12th January 2020).