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 assessed 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 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 millimetre (mm) of the margin.[2] A positive margin is associated with a poor prognosis.[3] However, there is not sufficient evidence whether a 1 mm resection margin cutoff is clinically relevant in gastric cancer, and at this stage no consensus on the definition of margin positivity has been reached. Pathologists may follow their local guidelines.

References

1 College of American Pathologists (2021). *Protocol for the examination of specimens from patients with carcinoma of the stomach*. Available from: https://documents.cap.org/protocols/Stomach_4.2.1.0.REL_CAPCP.pdf (Accessed 9th November 2021).

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).

3 Bickenbach KA, Gonen M, Strong V, Brennan MF and Coit DG (2013). Association of positive transection margins with gastric cancer survival and local recurrence. *Ann Surg Oncol* 20(8):2663-2668.