

Endoscopic Resection of the Oesophagus and Oesophagogastric Junction Histopathology Reporting Guide



Family/Last name Date of birth

Given name(s)

Patient identifiers Date of request Accession/Laboratory number

Elements in **black text** are CORE. Elements in **grey text** are NON-CORE. [SCOPE OF THIS DATASET](#)

indicates multi-select values indicates single select values

CLINICAL INFORMATION (select all that apply)

- Information not provided
- Relevant biopsy results, *specify*
- Previous diagnosis and treatment for oesophageal cancer, *specify*
- Endoscopic location of the tumour, *specify levels (upper/middle/lower)*
- Clinical staging, *specify level of involvement*
- History of gastroesophageal reflux and/or Barrett oesophagus
- Other (e.g., previous history of cancer), *specify*

ENDOSCOPIC PROCEDURE

- Not specified
- Endoscopic mucosal resection (EMR)
- Endoscopic submucosal dissection (ESD)
- Other, *specify*

SPECIMEN DIMENSIONS

(Record per specimen)

x x

x x

Cannot be assessed, *specify*

MACROSCOPIC APPEARANCE

- No macroscopically detectable lesion
- Polypoid
 - 0-Ip (protruded, pedunculated)
 - 0-Is (protruded, sessile; >2.5 mm above baseline)
- Non-polypoid
 - 0-IIa (superficial, elevated; <2.5 mm above baseline)
 - 0-IIb (flat)
 - 0-IIc (superficial shallow, depressed)
 - 0-III (excavated/ulcerated)

TUMOUR FOCALITY^a

- Unifocal
- Multifocal, *specify number of tumours in specimen*
- Cannot be assessed, *specify*

^a If multiple primary tumours are present, separate datasets should be used to record this and all following elements for each primary tumour.

TUMOUR SITE (select all that apply)

- Not specified
 - Cervical (proximal) oesophagus
 - Upper thoracic oesophagus
 - Middle thoracic oesophagus
 - Lower thoracic (distal) oesophagus
 - Oesophagogastric junction (OGJ) with tumour epicentre ≤20 mm into the proximal stomach
 - Other, *specify*
- Distance from epicentre/midpoint of tumour to OGJ

TUMOUR DIMENSIONS

Maximum tumour dimension

Additional dimensions x

- No macroscopically visible tumour
- Cannot be assessed, *specify*

BARRETT MUCOSA 

- Not identified
 Present

HISTOLOGICAL TUMOUR TYPE 

(Value list based on the World Health Organization Classification of Tumours of the Digestive System (2019))

- Cannot be assessed
 Oesophageal glandular dysplasia, low grade
 Oesophageal glandular dysplasia, high grade
 Oesophageal squamous dysplasia, low grade
 Oesophageal squamous dysplasia, high grade
 Squamous cell carcinoma
 Conventional
 Verrucous
 Spindle cell carcinoma
 Basaloid squamous cell carcinoma
 Adenocarcinoma
 Tubular
 Papillary
 Mucinous
 Poorly cohesive carcinoma
 Signet ring
 Non-signet ring
 Mucoepidermoid
 Adenosquamous carcinoma
 Adenoid cystic carcinoma
 Undifferentiated carcinoma
 Neuroendocrine neoplasms^b
 Neuroendocrine carcinoma
 Small cell
 Large cell
 Mixed neuroendocrine-non-neuroendocrine neoplasm (MiNEN)
 Other, specify

^b Neuroendocrine tumour is not covered in this dataset.

DYSPLASIA 

- Not applicable
 Cannot be assessed
 Not identified
 Present

Type

- Squamous
 Columnar/Barrett

Grade

- Low grade
 High grade
 Cannot be assessed, specify

HISTOLOGICAL TUMOUR GRADE 

(Applicable to squamous cell carcinoma and adenocarcinoma)

- GX: Cannot be assessed
 Grade 1 (G1): Well differentiated
 Grade 2 (G2): Moderately differentiated
 Grade 3 (G3): Poorly differentiated

TISSUE LAYERS PRESENT (select all that apply) 

- Cannot be assessed
 Mucosa
 Glandular
 Squamous
 Mixed glandular and squamous
 Muscularis mucosae
 Deep muscularis mucosae
 Superficial muscularis mucosae
 Submucosa
 Muscularis propria

EXTENT OF INVASION 

- Cannot be assessed
 No evidence of primary tumour
 Dysplasia
 Invasion into the lamina propria, specify depth of invasion^c
 Invasion into the muscularis mucosae
 Invasion into the submucosa, specify depth of invasion^d
 Invasion into the muscularis propria

^c Measurement from the lamina propria of the epithelial cells.

^d Measurement from lower border of muscularis mucosae.

LYMPHOVASCULAR INVASION 

- Not identified
 Present (select all that apply)
 Small vessel (lymphatic, capillary or venular), specify the type of vessel, if possible


 Large vessel (venous)

PERINEURAL INVASION 

- Not identified
 Present

MARGIN STATUS **Invasive carcinoma** Cannot be assessed Not involvedDistance of tumour from closest margin mmSpecify closest margin, if possible Involved (select all that apply) Deep Lateral**Dysplasia** Cannot be assessed Not involvedDistance of dysplasia from closest margin mmSpecify closest margin, if possible Involved Squamous Low grade High grade Columnar/Barrett Low grade High grade**COEXISTENT PATHOLOGY** (select all that apply)  None identified Synchronous carcinoma(s), *specify* Other, *specify***ANCILLARY STUDIES** **For neuroendocrine neoplasms only** Not applicable Neuroendocrine markers (chromogranin A, synaptophysin, other), *specify test(s) performed and result(s) if available*

AND

Ki-67 proliferation index %**Other oesophageal carcinomas** Not performed Performed, *specify test(s) and result(s)***PATHOLOGICAL STAGING (UICC TNM 8th edition)^e** 
(Applicable to specimens with sufficient tissue layers present)**TNM Descriptors** (only if applicable) No adjuvant therapy y - post-therapy**Primary tumour (pT)** TX Primary tumour cannot be assessed Tis Carcinoma in situ/high grade dysplasia T1 Tumour invades lamina propria, muscularis mucosae, or submucosae T1a Tumour invades lamina propria or muscularis mucosae T1b Tumour invades submucosa T2 Tumour invades muscularis propria^e Reproduced with permission. Source: UICC TNM Classification of Malignant Tumours, 8th Edition, eds by James D. Brierley, Mary K. Gospodarowicz, Christian Wittekind. 2016, Publisher Wiley.