

Carcinoma of the Oesophagus 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, distant metastases*
- History of gastroesophageal reflux and/or Barrett oesophagus
- Other (e.g., previous history of cancer), *specify*

NEOADJUVANT THERAPY

- Not administered Information not provided
- Administered, *describe*

OPERATIVE PROCEDURE (select all that apply)

- Not specified
- Pharyngo-laryngo-oesophagectomy
- Oesophagectomy/oesophagogastrrectomy
- Lymph nodes, *describe site(s) from which taken if sent separately by surgeon*
- Other, *specify*

SPECIMEN DIMENSIONS

Length of tubular oesophagus
(Record per specimen)

Specimen 1

Specimen 2

Specimen 3

Length of stomach, from oesophagogastric junction to distal gastric resection margin (if present)

MACROSCOPIC APPEARANCE

- No macroscopically detectable lesion
- Scar/thickening
- Protruding/fungating/polypoid
- Ulcerative tumour
- Diffuse infiltrative

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

 mm

Additional dimensions

 mm x mm

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

BARRETT MUCOSA 

- Not identified
- Present

MACROSCOPIC DISTANCE OF TUMOUR TO THE MARGIN 

- Cannot be assessed
- Involved
- Not involved

Distance of tumour from closest margin mmSpecify closest margin **HISTOLOGICAL TUMOUR TYPE** *(Value list based on the World Health Organization Classification of Tumours of the Digestive System (2019))*

- Cannot be assessed
- 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

EXTENT OF INVASION 

- Cannot be assessed
- No evidence of primary tumour
- Dysplasia
- Invasion into the lamina propria
- Invasion into the muscularis mucosae
- Invasion into the submucosa
- Invasion into the muscularis propria
- Invasion into the adventitia
- Invasion into the visceral peritoneum, azygous vein, diaphragm, pleura, pericardium
- Invasion into adjacent structures/organs, *specify*

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

RESPONSE TO NEOADJUVANT THERAPY 

Cannot be assessed, *specify*

Mandard system

- Absence of residual cancer with fibrosis extending throughout (complete response)
- Rare residual cancer cells scattered through the fibrosis
- An increase in the number of residual cancer cells, but fibrosis still predominates
- Residual cancer outgrowing fibrosis
- Absence of regressive changes

OR

Becker system

- No carcinoma present (complete response)
- <10% carcinoma present
- 10-50% carcinoma present
- >50% carcinoma present

OR

Modified Ryan system

- No neoadjuvant treatment
- Complete response - no viable cancer cells (score 0)
- Near complete response - single cells or rare small groups of cancer cells (score 1)
- Partial response - residual cancer with evident tumour regression, but more than single cells or rare small groups of cancer cells (score 2)
- Poor or no response - extensive residual cancer with no evident tumour regression (score 3)

MARGIN STATUS 

Invasive carcinoma

Cannot be assessed

Not involved

Distance of tumour from closest margin mm

Specify closest margin, if possible

Involved (select all that apply)

- Distal
- Proximal
- Circumferential/Radial

Dysplasia

Cannot be assessed

Not involved

Distance of dysplasia from closest margin mm

Specify closest margin, if possible

Involved

- Squamous
 - High grade
 - Low grade
- Columnar/Barrett
 - High grade
 - Low grade

Specify margin (select all that apply)

- Distal
- Proximal

LYMPH NODE STATUS 

- Cannot be assessed
- No nodes submitted or found

Number of lymph nodes examined

- Not involved
- Involved

Number of involved lymph nodes

Extranodal extension

- Not identified
- Present
- Cannot be determined

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 (select all that apply)
- HER2 testing performed, *record results*

PD-L1, *specify*

Microsatellite instability, *specify*

Other, *specify test(s) and result(s)*

HISTOLOGICALLY CONFIRMED DISTANT METASTASES 

- Not identified
- Present, *specify site(s)*

PATHOLOGICAL STAGING (UICC TNM 8th edition)^{c,d} **TNM Descriptors** (only if applicable)

- No adjuvant therapy
- y - post-therapy

Primary tumour (pT)

- TX Primary tumour cannot be assessed
- T0 No evidence of primary tumour
- 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
- T3 Tumour invades adventitia
- T4 Tumour invades adjacent structures
- T4a Tumour invades pleura, pericardium, azygos vein, diaphragm, or peritoneum
- T4b Tumour invades other adjacent structures such as aorta, vertebral body, or trachea

Regional lymph nodes (pN)

- NX Regional lymph nodes cannot be assessed
- N0 No regional lymph node metastasis
- N1 Metastasis in 1 to 2 regional lymph nodes
- N2 Metastasis in 3 to 6 regional lymph nodes
- N3 Metastasis in 7 or more regional lymph nodes

^c 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.

^d Refer to Note for AJCC 8th Edition staging of oesophageal adenocarcinomas and squamous cell carcinomas with or without neoadjuvant therapy.