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Colorectal Excisional Biopsy (Polypectomy) Histopathology Reporting Guide

ICCR

Family/Last name | Date of birth DD – MM – YYYY

Given name(s)

Patient identifiers | Date of request DD – MM – YYYY | Accession/Laboratory number

Elements in **black text** are CORE. Elements in **grey text** are NON-CORE.

☐ indicates multi-select values ◯ indicates single select values

SCOPE OF THIS DATASET

CLINICAL INFORMATION (select all that apply)

- ◯ Information not provided
- ☐ Screening colonoscopy
- ☐ Known polyposis syndrome
  - ☐ Familial adenomatous polyposis (FAP)
  - ☐ *MUTYH*-associated polyposis (MAP)
  - ☐ Serrated polyposis
  - ☐ Other, *specify*
- ☐ Lynch syndrome
- ☐ Chronic inflammatory bowel disease
  - ☐ Ulcerative colitis
  - ☐ Crohn disease
- ☐ Previous polyp(s)
- ☐ Previous colorectal cancer
- ☐ Other, *specify*

ENDOSCOPIC PROCEDURE (select all that apply)

- ◯ Not specified
- ☐ Polypectomy/Endoscopic mucosal resection (EMR)
  - ☐ Cautery
    - ◯ Not specifed
    - ◯ Used
    - ◯ Not used
  - ☐ Submucosal injection
    - ◯ Not specifed
    - ◯ Used (EMR)
    - ◯ Not used
  - ☐ Resection type
    - ◯ Not specifed
    - ◯ En bloc
    - ◯ Piecemeal
- ☐ Endoscopic submucosal dissection (ESD)
- ☐ Transanal endoscopic microsurgery (TEMS)
- ☐ Transanal minimally invasive surgery (TAMIS)
- ☐ Endoscopic full thickness resection (EFTR)
- ☐ Other, *specify*

POLYP NUMBER[a]

(Per container)

◯ Not specified

OR ◯ Multiple (with no specific number given)

SPECIMEN SITE(S)[a] (select all that apply)

- ◯ Not specified
- ☐ Caecum
- ☐ Ileocaecal valve
- ☐ Appendiceal orifice
- ☐ Ascending colon
- ☐ Hepatic flexure
- ☐ Transverse colon
- ☐ Splenic flexure
- ☐ Descending colon
- ☐ Sigmoid colon
- ☐ Rectosigmoid junction
- ☐ Rectum
- ☐ Anorectal junction

mm from the anal verge

- ☐ Other, *specify*

ENDOSCOPIC POLYP SIZE AND CLASSIFICATION[a]

Size (mm)

◯ Not specified

mm

OR

Size range mm to mm

OR

Size category

◯ Diminutive ◯ Small ◯ Large

[a] *As indicated on the container label, pathology request form or colonoscopy report.*

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Classification (select all that apply)

- ◯ Not given
- ☐ Paris classification, *specify*
- ☐ Lateral spreading tumour classification, *specify*
- ☐ Optical diagnosis, *specify*

SPECIMEN DIMENSIONS (select all that apply)

Maximum dimensions of intact specimen

mm x mm

Maximum dimension of intact polyp

mm

Aggregated dimensions for fragmented polyps

mm x mm

Maximum dimension of largest piece for fragmented polyps

mm

HISTOLOGICAL TYPE OF POLYP (select all that apply)

(Value list from the World Health Organization (WHO) Classification of Tumours of the Gastrointestinal Tract (2019))

- ◯ No polyp identified (normal mucosa)
- ☐ Tubular adenoma
- ☐ Tubular adenoma, high grade
- ☐ Tubulovillous adenoma
- ☐ Tubulovillous adenoma, high grade
- ☐ Villous adenoma
- ☐ Villous adenoma, high grade
- ☐ Hyperplastic polyp
- ☐ Sessile serrated lesion
- ☐ Sessile serrated lesion with dysplasia
- ☐ Traditional serrated adenoma
- ☐ Traditional serrated adenoma, high grade
- ☐ Serrated adenoma unclassified
- ☐ Suspicious for adenocarcinoma
- ☐ Adenocarcinoma[b]
- ☐ Neuroendocrine tumour
  - ◯ Grade 1
  - ◯ Grade 2
  - ◯ Grade 3
- ☐ Neuroendocrine carcinoma
  - ◯ Small cell type
  - ◯ Large cell type
- ☐ Mixed neuroendocrine-non-neuroendocrine neoplasm (MiNEN)

[b] *For adenocarcinoma, refer to HISTOLOGICAL TUMOUR TYPE describing all histological subtypes of adenocarcinomas.*

- ☐ Hamartomatous polyp
- ☐ Inflammatory polyp
- ☐ Mucosal prolapse polyp
- ☐ Other, *specify*

Additional features

For neuroendocrine neoplasms only

- ◯ Not applicable

Mitotic count /2 mm^2

AND/OR

Ki-67 proliferation index %

- ☐ Adenoma with epithelial misplacement
- ☐ Other, *specify*

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HISTOLOGICAL TUMOUR TYPE[c]

(Value list from the WHO Classification of Tumours of the Gastrointestinal Tract (2019))

- ◯ Not applicable
- ◯ No evidence of residual tumour
- ◯ Adenocarcinoma not otherwise specified (NOS)
- ◯ Mucinous adenocarcinoma
- ◯ Signet-ring cell adenocarcinoma
- ◯ Medullary carcinoma
- ◯ Serrated adenocarcinoma
- ◯ Micropapillary adenocarcinoma
- ◯ Adenoma-like adenocarcinoma
- ◯ Neuroendocrine carcinoma
  - ◯ Small cell type
  - ◯ Large cell type
- ◯ Mixed neuroendocrine-non-neuroendocrine neoplasm (MiNEN)
- ◯ Other, *specify*

Precursor polyp/lesion

- ◯ Absent
- ◯ Present, *specify type*[d]

[c] *To complete this and all following elements ONLY if an adenocarcinoma, neuroendocrine carcinoma or MiNEN is present. If multiple primary carcinomas are present, separate datasets should be used to record this and all following elements for each primary carcinoma.*

[d] *Refer to HISTOLOGICAL TYPE OF POLYP.*

HISTOLOGICAL GRADE OF ADENOCARCINOMA

(Only adenocarcinoma NOS and mucinous adenocarcinoma should be graded)

- ◯ Not applicable
- ◯ Low grade (formerly well to moderately differentiated)
- ◯ High grade (formerly poorly differentiated)

EXTENT OF INVASION

- ◯ Non-invasive neoplasia/high grade dysplasia
- ◯ Invasion into submucosa
- ◯ Invasion into muscularis propria
- ◯ Invasion through the muscularis propria into pericolorectal connective tissue
- ◯ Invasion onto the surface of the visceral peritoneum
- ◯ Invasion into adjacent structure(s)/organ(s), *specify*

INVASIVE CARCINOMA DIMENSIONS

- ◯ Cannot be assessed

Maximum depth of invasion _____ mm

- ◯ Cannot be assessed

Maximum width of invasion _____ mm

LYMPHATIC AND VENOUS INVASION

- ◯ Not identified
- ◯ Present
  - ◯ Small vessel (lymphatic, capillary or venular)
  - ◯ Large vessel (venous)
    - ◯ Intramural
    - ◯ Extramural

TUMOUR BUDDING

(Should only be reported in non-mucinous and non-signet ring cell adenocarcinoma areas)

- ◯ Cannot be assessed

Number of tumour buds[e] _____

Tumour budding score

- ◯ Bd1 - low budding (0-4 buds)
- ◯ Bd2 - intermediate budding (5-9 buds)
- ◯ Bd3 - high budding (≥10 buds)

[e] *After scanning 10 fields on a 20x objective lens, the hotspot field normalised to represent a field of 0.785 mm².*

PERINEURAL INVASION

- ◯ Not identified
- ◯ Present

MARGIN STATUS

Deep margin

- ◯ Cannot be assessed
- ◯ Involved
- ◯ Not involved

Distance to invasive carcinoma _____ mm

Lateral margin

- ◯ Cannot be assessed
- ◯ Involved, *specify*
- ◯ Not involved

Distance to neoplasia _____ mm

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ANCILLARY STUDIES

For neuroendocrine neoplasms only

- ◯ Not applicable
- ◯ Neuroendocrine markers, *specify result(s) if available*

AND

Ki-67 proliferation index ____ %

Mismatch repair (MMR) immunohistochemistry

- ◯ Not tested
- ◯ Not interpretable
- ◯ MMR proficient
- ◯ MMR deficient
  - ◯ *MLH1/PMS2* loss
  - ◯ *MSH2/MSH6* loss
  - ◯ *MSH6* loss
  - ◯ *PMS2* loss
  - ◯ Other, *specify*

MMR status by microsatellite instability (MSI) testing

- ◯ Not tested
- ◯ Test failed
- ◯ MSI-high
- ◯ MSI-low
- ◯ MS-stable

***BRAF* V600E mutation testing**

- ◯ Not tested
- ◯ Test failed
- ◯ Mutated
- ◯ Wild type

***MLH1* promoter methylation testing**

- ◯ Not tested
- ◯ Test failed
- ◯ Methylated
- ◯ Not methylated
- ◯ Inconclusive

Other, *specify*

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