

## Colorectal Excisional Biopsy (Polypectomy) Histopathology Reporting Guide



Beating bowel cancer together	logy Reporting Galac
Family/Last name	Date of birth DD - MM - YYYY
Given name(s)	
Patient identifiers	Date of request Accession/Laboratory number
	DD - MM - YYYY
Elements in <b>black text</b> are CORE. Elements in <b>grey text</b> are N 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	POLYP NUMBERa (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 Rectosigmoid junction
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	Rectum Anorectal junction  mm from the anal verge  Other, specify  ENDOSCOPIC POLYP SIZE AND CLASSIFICATION <sup>2</sup> Size (mm)  Not specified  mm  OR  Size range mm to mm  OR  Size category  Diminutive Small Large  * As indicated on the container label, pathology request form or

Classification (select all that apply)	Hamartomatous polyp		
○ Not given	☐ Inflammatory polyp		
	Mucosal prolapse polyp		
Paris classification, specify	Other, <i>specify</i>		
	<b>V</b>		
Lateral spreading tumour classification, <i>specify</i>			
	Additional features		
Optical diagnosis, specify	For neuroendocrine neoplasms only		
	Not applicable		
		2	
	, –	mm²	
SPECIMEN DIMENSIONS (select all that apply)	AND/OR		
rectimen dimensions (select all that apply)	Ki-67 proliferation index	%	
Maximum dimensions of intact specimen			
mm x mm	Adenoma with epithelial misplacement		
	Other, specify		
Maximum dimension of intact polyp			
mm			
Aggregated dimensions for fragmented polyps			
- 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 - 1931 -			
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			
<ul><li>☐ Tubulovillous adenoma</li><li>☐ Tubulovillous adenoma, high grade</li></ul>			
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 <sup>b</sup>			
Neuroendocrine tumour			
Grade 1			
○ Grade 2			
Grade 3			
Neuroendocrine carcinoma			
Small cell type			
○ Large cell type			
Mixed neuroendocrine-non-neuroendocrine neoplasm (MiNEN)			
For adenocarcinoma, refer to HISTOLOGICAL TUMOUR TYPE describing all			

HISTOLOGICAL TUMOUR TYPE®	LYMPHATIC AND VENOUS INVASION
(Value list from the WHO Classification of Tumours of the Gastrointestinal Tract (2019))	O Not identified
Not applicable	Present
No evidence of residual tumour	Small vessel (lymphatic, capillary or venular)
Adenocarcinoma not otherwise specified (NOS)	Large vessel (venous)
Mucinous adenocarcinoma	✓ Intramural
Signet-ring cell adenocarcinoma	Extramural
Medullary carcinoma	Extramata
Serrated adenocarcinoma	
Micropapillary adenocarcinoma	TUMOUR BUDDING
Adenoma-like adenocarcinoma	(Should only be reported in non-mucinous and non-signet
Neuroendocrine carcinoma	ring cell adenocarcinoma areas)
♥ Small cell type	Cannot be assessed
Carge cell type	Number of tumour buds <sup>e</sup>
Mixed neuroendocrine-non-neuroendocrine neoplasm	Number of tumour bads
(MiNEN)	Tumour budding score
Other, specify	Bd1 - low budding (0-4 buds)
<b>▼</b>	Bd2 - intermediate budding (5-9 buds)
	Bd3 - high budding (≥10 buds)
Precursor polyp/lesion	
Absent	e After scanning 10 fields on a 20x objective lens, the hotspot field normalised to represent a field of 0.785 mm².
Present, <i>specify type</i> <sup>d</sup>	normanised to represent a new or 0.703 mm.
•	
	PERINEURAL INVASION
<sup>c</sup> 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	Not identified
and all following elements for each primary carcinoma.	Present
d Refer to HISTOLOGICAL TYPE OF POLYP.	
	MARGIN STATUS
HISTOLOGICAL GRADE OF ADENOCARCINOMA	Deep margin
(Only adenocarcinoma NOS and mucinous adenocarcinoma should be graded)	Cannot be accessed
-	Cannot be assessed Involved
Not applicable	
<ul> <li>Low grade (formerly well to moderately differentiated)</li> </ul>	Not involved
<ul><li>High grade (formerly poorly differentiated)</li></ul>	Distance to invasive carcinoma mm
EXTENT OF INVASION	Lateral margin
	Cannot be assessed
Non-invasive neoplasia/high grade dysplasia	Involved, <i>specify</i>
Invasion into submucosa	•
Invasion into muscularis propria	
Invasion through the muscularis propria into	○ Not involved
pericolorectal connective tissue  Invasion onto the surface of the visceral peritoneum	Distance to neoplasia mm
Invasion onto the surface of the visceral peritoheum     Invasion into adjacent structure(s)/organ(s), specify	mm mm
Invasion into adjacent structure(3)/organ(3), specify	
INVASIVE CARCINOMA DIMENSIONS	
Cannot be assessed	
Maximum denth of invasion	
mm mm	
Cannot be assessed	
Maximum width of invasion mm	